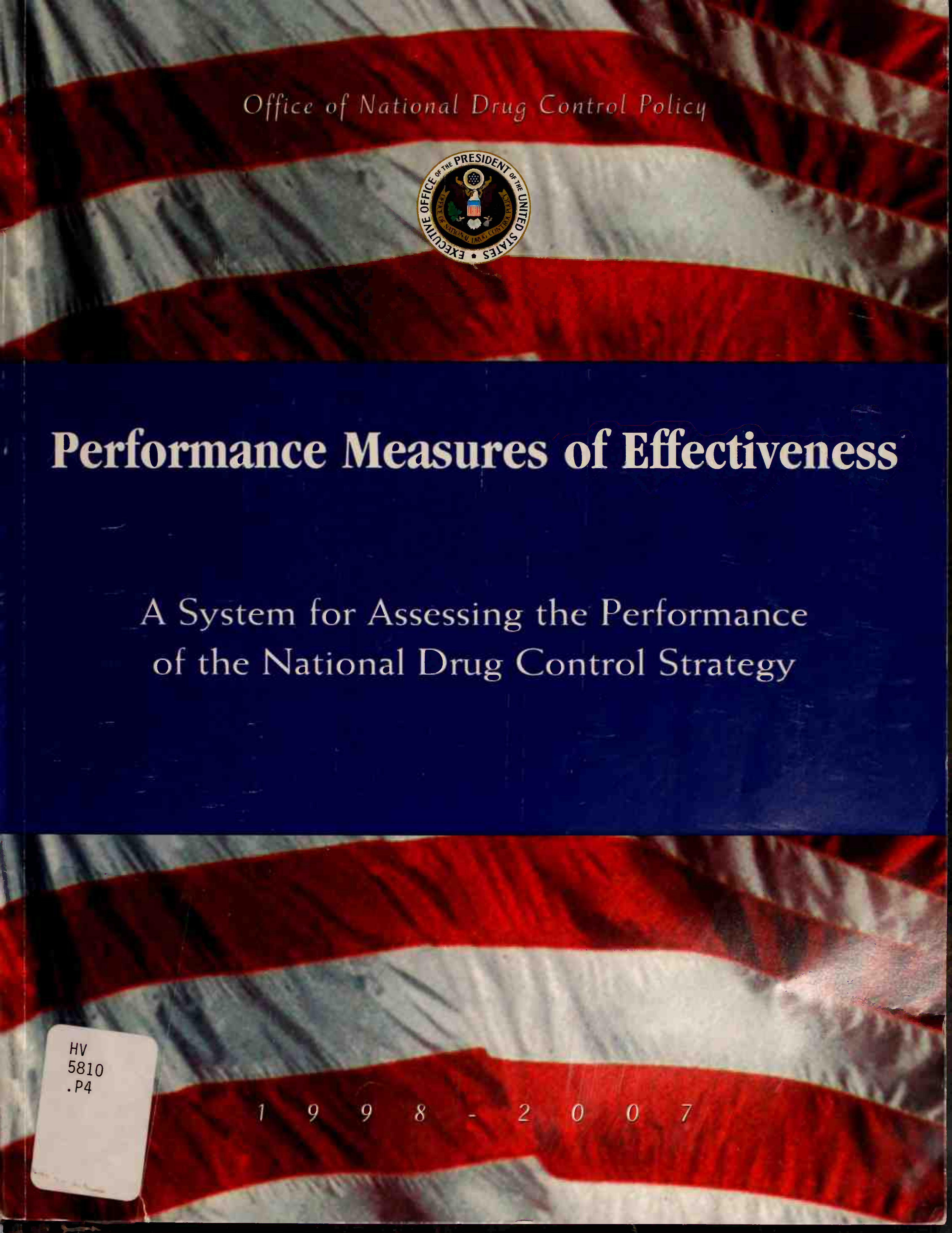


Office of National Drug Control Policy

EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES

Performance Measures of Effectiveness

A System for Assessing the Performance of the National Drug Control Strategy

1998 - 2007

HV
5810
.P4

GILLETTE MEDICAL EVALUATION LABORATORIES
Information Center

PERFORMANCE MEASURES OF EFFECTIVENESS

Message From the Director

This document, *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy*, is a dynamic tool for evaluating the progress of this Nation's drug control efforts. Through it, success in achieving the goals of the NDCS will be tracked and measured. For the first time, we will know where we stand and where we need to go.

As a preliminary matter, it should be understood that the PME report is not required under the Government Performance and Results Act (GPRA). GPRA requires Federal agencies to prepare annual performance plans. These plans have been and are being submitted to Congress in conjunction with agency 1999 Congressional budget justifications. These agency performance plans include measures related to efforts to reduce drug use. For example, the Office of National Drug Control Policy will be submitting a plan relating to its own functions and operations. The PME report, on the other hand, proposes a much more comprehensive set of performance measures — it encompasses all Federal agencies, State and local governments, foreign governments, the private sector, and society at large. Naturally, the PME report proposes measures which are more aggressive than those that could be plausibly included in individual agency GPRA plans.

The PME report goals are aggressive. Since they are to be attained over a 10-year period, intervening events may occur which will cause us to modify the goals. Moreover, in drafting the PME report, assumptions have been made, including the ability to achieve certain goals, which may or may not prove to be correct. Given these uncertainties and the fact that the PME report represents the first attempt to measure the effectiveness of the counterdrug effort, goals and measures may have to be adjusted to reflect new or changing circumstances. The relationship between the goals and targets and the levels of Federal and non-Federal resources required to attain them will be examined annually through normal budget processes.

Recognizing these difficulties, the Administration is committed to examining and refining — through a comprehensive review process among Federal agencies and with State, local, foreign, and other participants — the goals and targets set forth in the PME report. This process will continue to develop an agreed upon empirical basis of such goals and targets, and a coherent action plan for achieving them over the near and long term.

This report unites the collective expertise of interagency groups that have identified meaningful, achievable end states to integrate and focus the national drug control community. Now we must join together in a robust partnership to achieve a drug-free America.

Barry R. McCaffrey
Director
Office of National Drug Control Policy

Executive Summary

This document, *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy*, responds to a public call for results-oriented government. In the area of drug control policy, this means increased accountability and improved performance from our total drug control efforts. The Office of National Drug Control Policy (ONDCP), in conjunction with a wide range of stakeholders from both public and private sectors, developed a system of performance measures of effectiveness (PME). This PME system is designed to (1) assess the effectiveness of the National Drug Control Strategy (the Strategy); (2) provide the entire drug control community, including State and local governments, the private sector, and foreign governments, with critical information on what needs to be done to refine policy and programmatic direction; and (3) assist with drug program budget management at all levels.

The Strategy is a 10-year plan to confront drug abuse in the United States that can be most easily understood in terms of reducing drug use (demand), drug availability (supply), and the damaging consequences associated with drug use and trafficking. The Strategy's 5 Goals and 32 Objectives make up a comprehensive, balanced effort encompassing drug prevention, treatment, domestic law enforcement, interdiction, and international programs. The Strategy is a long-range plan that can respond to the ever changing parameters of the drug threat. Elements of the PME system may be modified as data reveal new drug use behaviors and effective drug control techniques.

The Government Performance and Results Act recognizes that the ability of Federal agencies to achieve their Goals and Objectives may be significantly affected by external factors beyond their control. Achieving the Strategy's Goals and Objectives is critically dependent on the actions not only of the Federal Government but also of State, local, and foreign governments, private entities, and individuals. Therefore, the performance measures described herein should be viewed as goals for the Nation, not as goals to be achieved by the Federal Government alone.

The Strategy's PME system assumes that the pursuit of Strategy Goals and Objectives by Federal and non-Federal entities will yield measurable effects known as "performance targets." There are a total of 94 performance targets that demonstrate the Strategy's overall impact on drug use, availability, and consequences. In the longer term, these targets will show the effectiveness of specific Federal, State, and local programs and activities that underlie the total drug control effort. The nucleus of the PME system consists of 12 Impact Performance Targets (Impact Targets) that define desired outcomes or end states for the Strategy (see Figure 1). The remaining 82 performance targets calibrate progress toward the Strategy's 32 Objectives, which are supported by a system of drug control program efforts.

This document discusses the Impact Targets in terms of the three main themes of ONDCP's mission: reducing drug use, availability, and damaging consequences. Figure 1 shows the 12 Impact Targets that support the Strategy's 5 Goals. These targets define desirable, meaningful outcomes or end states for the Nation's drug control effort — a 50 percent reduction of drug use and availability and at least a 25 percent reduction in damaging drug use consequences. The following are the three main themes of ONDCP's mission and their associated Impact Target outcomes:

- In the area of **overall drug use,** the target is **a 50 percent reduction** by 2007 in the rate of illegal drug use in the United States compared with that in 1996;

- In the area of **drug availability,** the aim is **a 50 percent reduction by 2007 of the available supply** of illicit drugs in the United States compared with that in 1996; and

- In the area of **drug use consequences, the target is a 30 percent reduction by 2007 in the rate of crime and violent acts** associated with drug trafficking and drug abuse compared with that in 1996. In addition, this theme targets **a 25 percent reduction by 2007 in damaging health and social costs** attributable to drug use as measured by annual estimates of the social costs of drug use.

The additional 82 performance targets establish benchmarks by which to gauge progress in achieving the National Drug Control Strategy's 32 Objectives. In general, performance targets establish "outputs" or "outcomes" for program activities. For example, ONDCP's National Youth Anti-Drug Media Campaign has outputs (e.g., increased hours of anti-drug ads) and outcomes (e.g., improved youth attitudes about the dangers of drug use) that contribute to an Impact Target (reducing the prevalence of youth drug use) in support of Goal 1.

The total of 94 targets form a highly ambitious PME system that will enable policymakers, program managers, and the public to determine which programs are contributing to the achievement of the desired end states of the Strategy's Goals and Objectives. If Impact Targets are not met, the PME system will help identify problems so that corrective action can be taken. Corrective action may include the reallocation of Federal drug control resources from less effective programs to more effective programs. When Impact Targets are met, responsible program areas may be adjusted accordingly. Information on "what's working" will be invaluable to the more than 50 Federal drug control agencies supported by a Federal budget of over $17 billion, as well as to State and local drug control agencies.

The PME system represents the first time a causal model linking all the performance targets into a single body of logic has been developed. The Strategy's 5 Goals, 32 Objectives, and 94 targets form a framework that shows how the efforts of more than 50 Federal drug control agencies' programs along with the efforts of State, local, and foreign governments, and the private sector interrelate and contribute to the achievement of the Strategy's Goals and Objectives.

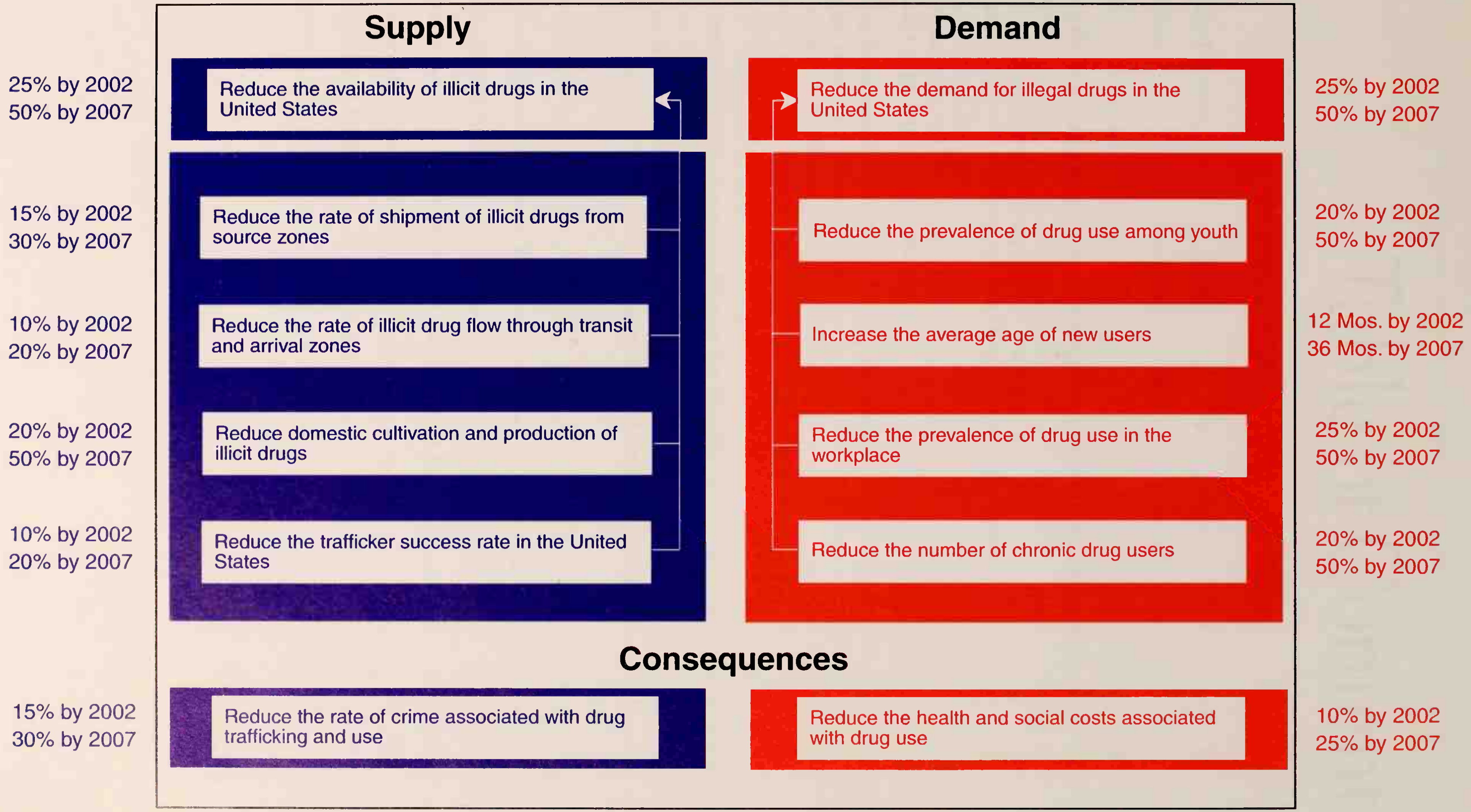
The intent of this report is to present, for the public's consideration, the PME system that will be used to link Strategy, Goals, and Objectives with program results and resources. The National Drug Control Strategy PME system requires analysis of "options" for achieving desired policy outcomes. Elements of these options include the drug control budget (resources); shared responsibility among Federal, State, and local governments; our system of laws and regulations; the private sector; and community organizations that form our national response to the drug problem.

While performance targets are identified for the years 2002 and 2007, this is not meant to imply that 5 years must lapse before deciding whether the Strategy's Goals and Objectives are being achieved. Annual performance targets will be developed as soon as practical.

It should be understood that the Performance Measures of Effectiveness is not a budget document. The Goals and targets were developed separately from the budget process. Additionally, since the Goals are to be attained over a 10-year period, intervening events may occur which prevent them from being met. Moreover, in drafting the Performance Measures of Effectiveness, we have made certain assumptions, including expectations about realizing future resource levels. Given these circumstances, Goals and performance measures may need to be adjusted to reflect new or changing circumstances.

This PME system synthesizes the ideas and deliberations of the entire drug control community. ONDCP looks to its wide range of stakeholders to play a partnership role in ensuring the success of this historic national drug control program.

Figure 1
12 Drug Strategy Impact Targets
(82 other performance targets are not shown)



Supply

Target	Goals
Reduce the availability of illicit drugs in the United States	25% by 2002 50% by 2007
Reduce the rate of shipment of illicit drugs from source zones	15% by 2002 30% by 2007
Reduce the rate of illicit drug flow through transit and arrival zones	10% by 2002 20% by 2007
Reduce domestic cultivation and production of illicit drugs	20% by 2002 50% by 2007
Reduce the trafficker success rate in the United States	10% by 2002 20% by 2007

Demand

Target	Goals
Reduce the demand for illegal drugs in the United States	25% by 2002 50% by 2007
Reduce the prevalence of drug use among youth	20% by 2002 50% by 2007
Increase the average age of new users	12 Mos. by 2002 36 Mos. by 2007
Reduce the prevalence of drug use in the workplace	25% by 2002 50% by 2007
Reduce the number of chronic drug users	20% by 2002 50% by 2007

Consequences

Target	Goals
Reduce the rate of crime associated with drug trafficking and use	15% by 2002 30% by 2007
Reduce the health and social costs associated with drug use	10% by 2002 25% by 2007

Figure 1

12 Drug Strategy Impact Targets

(82 other performance targets are not shown)

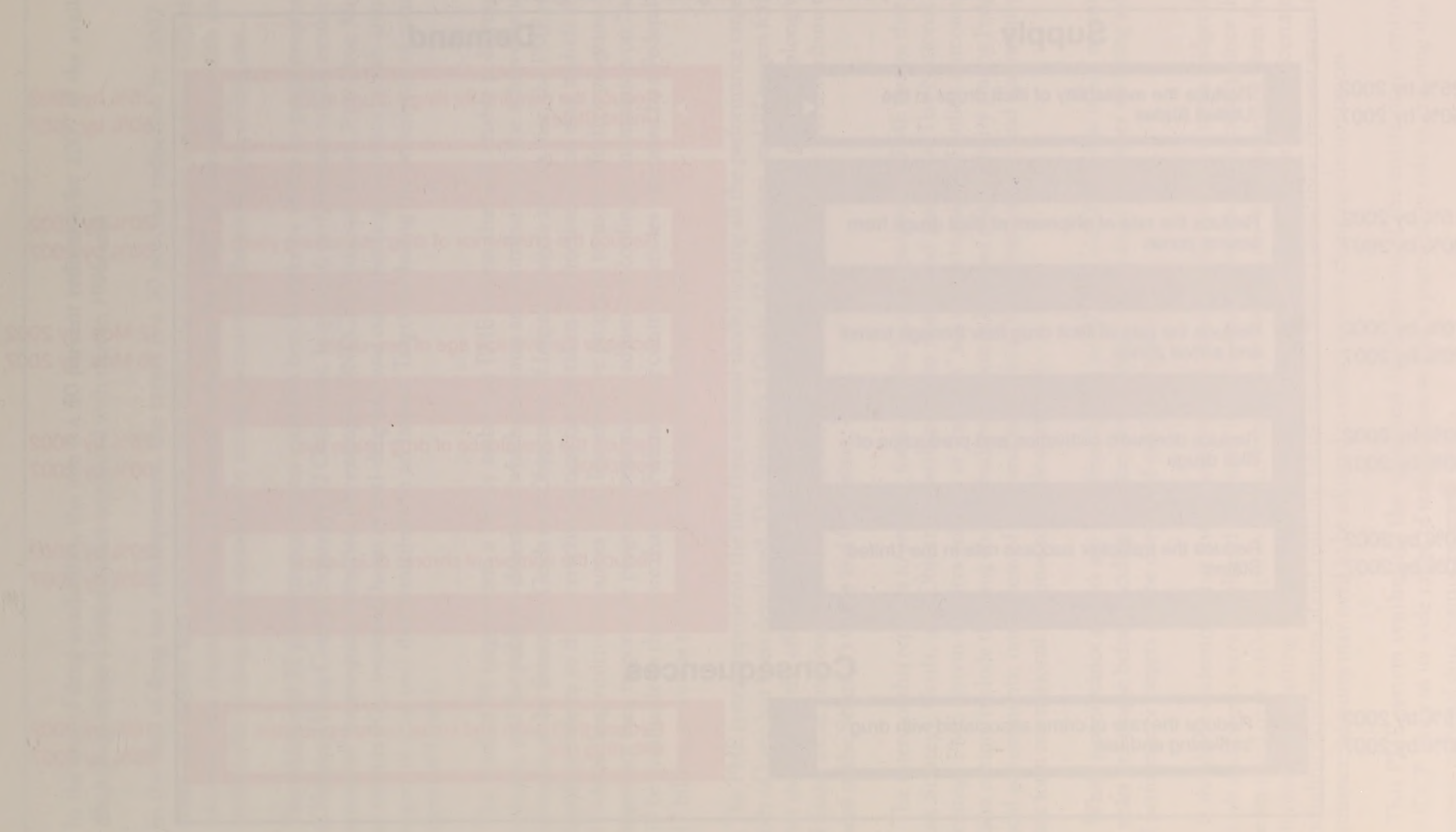

Supply
Demand
Reduce the availability of illicit drugs in the United States
20% by 2002
60% by 2007
Reduce the rate of shipment of illicit drugs from source zones
10% by 2002
20% by 2007
Reduce the rate of illicit drug flow through transit and arrival zones
10% by 2002
20% by 2007
Reduce domestic cultivation and production of illicit drugs
20% by 2002
50% by 2007
Reduce the trafficker success rate in the United States
10% by 2002
20% by 2007
Consequences
Reduce the rate of crime associated with drug trafficking and use
15% by 2002
30% by 2007

Table of Contents

Message From the Director . . . iii

Executive Summary . . . v

List of Figures . . . xi

I. **Launching the National Drug Control Strategy Performance Measurement System . . . 1**
  Introduction . . . 1
  An Overview of the National Drug Control Strategy . . . 2
  Demand and Supply: A Lens for Assessing Drug Control Performance . . . 3
  Strategy Goals and Objectives . . . 4
  Partners in the National Drug Control Effort . . . 7
  The Federal Drug Control 5-Year Budget . . . 7

II. **Establishing Performance Targets for Strategy Goals and Objectives . . . 11**
  Performance Targets for Strategy Goals . . . 12
  Can the Impact Targets Be Achieved in 10 Years? . . . 20
  Performance Targets for Strategy Objectives . . . 21
  Annual Performance Targets . . . 23

III. **Using Performance Measurement to Manage for Results . . . 27**
  Performance Monitoring and Program Evaluation . . . 30
  The Role of Working Groups . . . 34
  Relationship to Agency Government Performance and Results Act Products . . . 34
  Use of Findings . . . 34

IV. **Conclusion . . . 37**

Appendix A: Plausibility of the Impact Targets . . . 39

Appendix B: Targets and Measures . . . 53

Appendix C: Development of the Performance Measurement System . . . 99

Appendix D: Crosswalk Between Targets and Databases . . . 103

Appendix E: The Causal Model . . . 107

Acknowledgments . . . 111

List of Figures

Figure 1: Twelve Drug Strategy Impact Targets vii
Figure 2: Supply, Demand, and Consequences 4
Figure 3: Performance Measurement Framework 11
Figure 4: Impact Targets 17
Figure 5: Goals, Objectives, and Impact Targets 18
Figure 6: Youth Attitudes and Their Effect on Marijuana Use 22
Figure 7: Selected Performance Targets 24
Figure 8: Relationships Among Prevention Targets 28
Figure 9: Relationships Among Interdiction Targets 32
Figure A-1: Total Demand Reduction Targets 41
Figure A-2: Youth and Workforce Demand Reduction Targets 42
Figure A-3: Age of Initiation Targets 46
Figure A-4: Economic Costs of Drug Use 49
Figure D-1: Target—Data Sources 105
Figure E-1: Relationships Among Targets 108

I: Launching the National Drug Control Strategy Performance Measurement System

Introduction

Shrinking resources and declining confidence in Government have recently spawned legislative and administrative mandates for increased accountability and improved performance by Federal agencies. This reform movement has resulted in Government initiatives that refocus public managers on results rather than on process and output. The Government Performance and Results Act of 1993 (GPRA), the Chief Financial Officers' Act, the Government Management Reform Act, and the National Performance Review are all manifestations of the move toward greater accountability and performance-based management. This report builds upon the trend in government toward increased accountability and integrates the concept into the national drug control effort.

The Anti-Drug Abuse Act of 1988 (P.L.100-690 as amended) established the Office of National Drug Control Policy (ONDCP) to set national drug control priorities and objectives, coordinate the activities of over 50 Federal drug control agencies, and prepare a consolidated Federal drug control budget. In 1994, the Violent Crime Control and Law Enforcement Act (P.L. 103-322) expanded ONDCP's responsibilities to include providing budget guidance to Federal drug control agencies and evaluating the effectiveness of Federal drug control activities.[1]

This document describes the framework for ONDCP's assessment of the effectiveness of the national drug control effort. It delineates the performance measurement system developed by ONDCP in conjunction with various public and private stakeholders. In keeping with the dynamic nature of the National Drug Control Strategy (the Strategy), the performance measurement system is flexible; it is designed to be responsive to anticipated or reactive changes in the drug threat. Measures in this document, nonetheless, are based on the current drug threat. The chief purpose of this document is to set forth a mechanism by which to measure progress toward the achievement of the Strategy's Goals and Objectives and to inform the public debate surrounding national drug control efforts.

Factors external to Federal agencies and beyond their control may significantly affect the achievement of Federal agencies' goals and objectives. The achievement of the Strategy's Goals and Objectives is critically dependent on the actions of not only the Federal Government, but also those of State, local, and foreign governments, private entities, and individuals. Therefore, the performance measures contained in this report should be viewed as goals for the Nation, not as measures to be achieved by the Federal Government alone.

An Overview of the National Drug Control Strategy

The 1998 Strategy proposes a 10-year plan to confront drug abuse in the United States.[2] This plan includes 5 Goals and 32 Objectives as part of a comprehensive, balanced effort that encompasses drug prevention, treatment, domestic law enforcement, interdiction, and international programs. The Goals of the Strategy are intended to reduce drug use, decrease drug availability, and reduce the adverse health, social, and safety consequences of drug use.

The Strategy is the drug control community's main guide in the struggle to decrease drug use and its consequences. Developed in consultation with public and private organizations, State and local officials, and nationally recognized experts in drug control and performance measurement, it sets a course for the Nation's collective effort against drugs. The Strategy underscores the point that no single approach can rescue the Nation from the problems of drug abuse. Drug prevention and treatment must be complemented by supply reduction efforts abroad, along our borders, and within the United States. While maintaining its commitment to enforcing anti-drug laws and reducing drug use and its consequences, the Strategy ties national policy and a supporting budget to a research-based body of knowledge on the Nation's drug problems.

The Strategy focuses on the reduction of drug use on two fronts: the unacceptably high demand for drugs among youth and the continuing demand for a wide range of drugs by the addicted or chronic drug user population. Combating the increasing demand for drugs among America's youth is the centerpiece of the national anti-drug effort. The Strategy states:

> **"[W]e are deeply concerned about the rising trend of drug use by young Americans. While overall use of drugs in the United States has fallen dramatically—by half in fifteen years—adolescent drug abuse continues to rise. That is why the number one goal of our Strategy is to motivate America's youth to reject illegal drugs and substance abuse."[3]**

This priority was reinforced in testimony before Congress by the Director of ONDCP who said:

> **"[T]he centerpiece of our national anti-drug effort must be to prevent the use of illegal drugs, alcohol, and tobacco by our children....[The 1997 Strategy's] number one priority is to reinvigorate what must be a national anti-drug effort on behalf of our children."[4]**

The current demand for illegal drugs among America's youth is threatening to reverse a decade-long trend of overall decline in drug abuse. While there are now indications that youth drug use has stabilized and may even be declining, the rate of drug use remains unacceptably high.[5] To respond to this serious problem, the Federal Government has implemented a national prevention effort to affect youth attitudes about drug use through a far-reaching media campaign. This campaign will be complemented by other Federal, State and local government, and private sector drug prevention efforts targeting our Nation's youth, parents, communities, and schools. By focusing on youth through drug prevention programming, the Strategy intends to shut down the pipeline into drug use. This means preventing our youth from initiating drug use and persuading those who have started using drugs to stop.

The most recent estimates show that about 13 million Americans in households use drugs on a current (past month) basis.[6] However, this estimate fails to represent chronic drug users, who are known to consume most of the illegal drugs in the United States and commit a disproportionate amount of crime.[7] In fact, it is estimated that chronic drug users consume more than two-thirds of the drugs, even though they are a minority of the total number of all drug users.[8] Inducing these users to stop or reduce their drug use would have benefits such as reducing the costs of crime and health care; the spread of infectious disease; loss of productivity; and the destruction of neighborhoods, families, and communities. The Strategy emphasizes the need to provide drug treatment for chronic drug users who are inside and outside the criminal justice system.[9] More than 3.6 million drug users are identified as needing help to overcome their addiction.[10] Drug treatment is the key if we are to reduce drug use and its consequences. Because many of these chronic users come in contact with the criminal justice system, drug treatment provides an opportunity to break the cycle of drug use and crime. The Strategy proposes expanding treatment to attack the problems of chronic drug use.

The Strategy highlights the need to reduce the availability of drugs through domestic and international efforts. On the domestic front, criminal organizations that traffic in and distribute drugs are targeted. The Strategy aims to reduce drug-related crime and violence through community policing as well as integrated international, Federal, State, and local law enforcement efforts. On the international front, the Strategy proposes substantial efforts to prevent drugs from crossing the Southwest Border where the majority of cocaine enters the United States. It also proposes to strengthen counterdrug efforts in the Caribbean, especially in the areas around Puerto Rico and the U.S. Virgin Islands, where there has recently been a re-emergence of drug trafficking. Source and transit zones also are targeted via bilateral and multilateral efforts to reduce illicit drug cultivation and production.

The Strategy underscores the fact that in 1996, the total full-time workforce numbered 99 million with 6.1 million workers estimated to be current drug users. The Strategy additionally emphasizes that drug-free workplace programs, which include prevention, education, employee assistance programs, drug testing, and treatment, have a definite impact on drug use, both within the youth population and within the workplace in general. Implementation of these programs not only decreases drug use, but also improves productivity, increases safety for workers and for the general public, lowers accident rates, and lowers work-related health care costs.

Drug availability will be influenced by the success of our demand reduction policies. As demand reduction yields fewer users through prevention and treatment programs, drug prices and profitability will decline. A reduced U.S. demand for drugs means that traffickers will fear oversupplying the U.S. market because it would presage a downward spiral for drug prices and profitability. Thus, demand reduction efforts complemented by supply reduction efforts can markedly affect drug availability. This is why the Strategy emphasizes both demand and supply reduction programs.

Health and social costs of drug use also will be reduced through demand reduction and supply reduction programs. The social costs of drug use are estimated to be more than $67 billion a year, with a majority of these costs being crime-related.[11] By maintaining resources for domestic law enforcement and pursuing proven initiatives such as drug courts, expanded treatment for chronic drug users, and crime prevention programs, the Strategy offers a comprehensive approach that will result in tangible reductions in the social costs of drug use.

Demand and Supply: A Lens for Assessing Drug Control Performance

The Strategy is a plan of action to reduce the use, availability, and damaging consequences of illicit drugs. This three-part focus is generally divided into two functional areas: supply reduction and demand reduction, as defined by statute, to cover Federal drug control agencies' responsibilities to support the Strategy.[12, 13] For example, all law enforcement activities are treated as supply reduction activities even though they may directly deter drug use and contribute to demand reduction. Similarly, treatment is always counted as demand reduction, even though clients may be drug sellers who also are drug users. Thus, the Strategy can be viewed in terms of reducing demand and supply, as well as the adverse consequences associated with illegal drugs (Figure 2).[14]

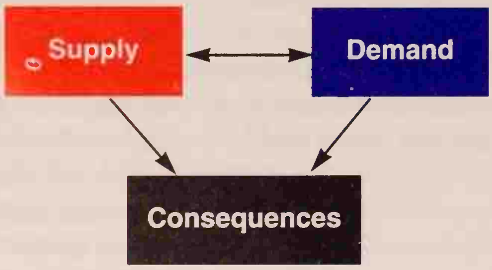
Consider first the broad role of demand reduction. The United States provides a ready market for the sale of illicit drugs. Individuals are frequently introduced to drug use in early adolescence, often through the most readily available substances—alcohol and tobacco. Individuals who use alcohol, tobacco, and marijuana, especially when they use them early in their lives, have a greater likelihood of moving to drugs with a greater potential for harm, such as cocaine and heroin.

The progression to more harmful drugs is not inevitable but is strongly influenced by a host of environmental factors and by the choices people make on a day-to-day basis. One thing is certain: understanding drug use as a progressive behavior lends insight into demand reduction in the United States. First, prevention efforts are critical; the opportunity to prevent or reverse the progressive use of drugs must be exercised whenever and wherever possible. Second, we must reach out and treat those individuals who already are addicted.

Drug use exacts enormous social costs. It facilitates the spread of infectious diseases, results in lost productivity in the workplace, fosters criminality, and often contributes to human suffering. By reducing demand, these associated costs will, in turn, be reduced.

Consider the role of supply reduction. Vast international criminal enterprises funnel illicit drugs into the United States and are involved in all aspects of supply, including cultivation, processing, smuggling, transshipment, and distribution within U.S. borders. As in any business, individuals involved in these activities seek to expand markets and increase profits. The Strategy seeks to reduce the availability of drugs in the United States by disrupting cultivation, processing, transshipment, and distribution activities wherever possible. Continued interference in the operations of criminal entrepreneurs has two effects: it directly reduces the supply of drugs by removing some of the narcotics from the market and indirectly reduces the supply of drugs by increasing the cost of doing business. At some point, this cost will become high enough to discourage continued investment, and supply will be diminished as a result. A sustained reduction in supply, regardless of how it is achieved, will in turn lead to a reduction in consumption.

Figure 2



The consequences of supply dynamics are also of great concern. While violence is characteristic of organized criminal activity, it is more pervasive within the drug trade. Drug trafficking-related violence in the United States will decline once the consumption of drugs decreases as a result of substantial supply reduction.

The triad of decreasing drug use, availability, and consequences forms the heart of the Strategy's system of performance measures of effectiveness (PME). Later in this report, 12 performance targets known as "Impact Targets" describe the progress of the Strategy's 5 Goals and 32 Objectives in reducing drug use, availability, and consequences. The task of linking 5 Goals and 32 Objectives to the efforts of more than 50 Federal drug control agencies; State, local, and foreign governments; and the private sector was daunting. The PME system in this report contains a total of 94 performance targets. Without some kind of organizing principle, the PME system would be difficult to explain. The triad of use, availability, and consequences helps clarify the system's organization.

Strategy Goals and Objectives

Before describing the mechanics of the PME system, we must take a closer look at the Strategy's Goals and Objectives. These Goals and Objectives provide guidance to all public and private sector entities committed to reducing drug use and its consequences. Strategy Goals define the five major initiatives that must be pursued if we are to reduce drug use, availability, and consequences. The 32 Objectives help us measure progress and may be modified as counterdrug efforts succeed or as new challenges emerge. The following five Strategy Goals will remain constant over the long term:

- **Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.** Demand can be reduced most effectively by ensuring that young people never become involved with drugs.

- **Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.** Crime and reduced public safety are among the consequences of drug trafficking and drug use. Criminal activities associated with drugs must be reduced.

- **Goal 3: Reduce health and social costs to the public of illegal drug use.** Individuals who escalate from experimental use to chronic use place enormous burdens on society in the form of health and social costs. The capability of drug treatment providers to produce favorable outcomes must be increased, thereby decreasing these consequences. Goal 3 also targets drug use in the workplace through emphasis on prevention and education programs, employee assistance programs, and drug testing programs.

- **Goal 4: Shield America's air, land, and sea frontiers from the drug threat.** The disruption of transshipment activities is a principal means for reducing the supply of illicit drugs in the United States.

- **Goal 5: Break foreign and domestic drug sources of supply.** Goal 5 focuses on decreasing the quantity of foreign and domestic cultivation, production, and distribution of drugs that are destined for use in the United States.

The Strategy Goals are intentionally defined in general terms. However, the means by which they are to be achieved are broken down into specific Objectives. The Objectives for each Goal are listed in Table 1 and are categorized by their supply (S) reduction or demand (D) reduction focus.

The relationships among the mission areas—supply, demand, and consequences—are clarified by the Strategy to guide the drug control community. Goals and Objectives were established to direct drug control efforts. The next requirement for an effective PME system was to designate performance targets that define desired outcomes or end states for these Goals and Objectives. Ultimately, our progress toward achieving the performance targets will attest to the efficacy of the Strategy's Goals and Objectives.

Table 1
Goals and Objectives of the PME System

Goal	Objective	Supply Reduction (S) or Demand Reduction (D)	Abbreviated Description of Goals and Objectives
1			**Prevent Drug Use Among America's Youth**
	1	D	Increase the ability of adults to discourage drug use
	2	D	Pursue a vigorous media campaign
	3	D	Promote zero tolerance policies
	4	D	Provide sound school-based prevention programs
	5	D	Increase mentoring
	6	D	Develop community coalitions
	7	D	Engage the media
	8	D	Distribute information on the negative consequences of legalization
	9	D	Develop principles of prevention
	10	D	Conduct research
2			**Increase the Safety of America's Citizens**
	1	S	Disrupt drug trafficking organizations
	2	S	Strengthen High Intensity Drug Trafficking Areas
	3	S	Disrupt money laundering organizations, seize, and forfeit assets
	4	D	Treat offenders
	5	D	Break the cycle of drug abuse and crime
	6	D	Conduct research
3			**Reduce the Health and Social Costs of Drug Use**
	1	D	Support effective and accessible treatment
	2	D	Reduce health problems
	3	D	Promote a drug-free workplace
	4	D	Certify drug treatment workers
	5	D	Develop pharmaceutical treatments
	6	D	Support research
4			**Shield America's Air, Land, and Sea Frontiers**
	1	S	Conduct flexible operations and reduce transit zone drug flow
	2	S	Improve coordination among U.S. agencies
	3	S	Improve coordination with other source and transit nations
	4	S	Conduct research and develop technology
5			**Break Foreign and Domestic Sources of Supply**
	1	S	Reduce cultivation
	2	S	Disrupt drug trafficking organizations
	3	S	Improve source country capabilities
	4	S	Support multilateral initiatives
	5	S	Deter money laundering
	6	S	Conduct research and develop technology

Partners in the National Drug Control Effort

Federal resources for drug control are proposed to be $17.1 billion in fiscal year 1999. This represents a 40 percent increase compared with Federal funding 5 years ago (1994). Included in this estimate are Federal resources provided to State and local governments and private organizations that provide demand reduction and supply reduction programs in our Nation's communities. In fact, approximately one-quarter of the Federal Government's drug control budgetary resources are for grants-in-aid or other forms of assistance to State and local governments and private entities, where they complement other local resources for drug control programming. To assess the Strategy's overall effectiveness, the PME system recognizes that the Federal Government is not solely responsible for progress in achieving the Strategy's Goals and Objectives. State, local, and foreign governments and private sector entities are partners in this effort.

The fact that the Federal Government is not the only entity responsible for providing demand reduction and supply reduction programs presents a challenge to establishing a results-oriented PME system. Assessing the effects of Federal drug control programs is extremely difficult because it requires understanding how the programs and resources provided by the many entities in drug control are linked to outcomes or end states. The PME system discussed in this report recognizes non-Federal partners as key contributors to the success of the Strategy. For this reason, the Strategy was developed in consultation with our non-Federal partners.

The PME system provides a way to improve communication between the Federal Government and its partners in drug control. It remains the Federal Government's objective to ensure that resources provided to our partners have few strings attached so that our partners have maximum flexibility in determining how best to use Federal funds to achieve Strategy Goals and Objectives. At the same time, the requirement for increased accountability and improved performance means that partners must work cooperatively with Federal agencies.

The Federal Drug Control 5-Year Budget

In 1998, the Administration is releasing the first 5-year budget for Federal drug control. This budget represents a radical departure for Federal drug control budgeting; never before has long-term fiscal planning been considered in the formulation of the Nation's drug control policy. The 5-year budget covers the fiscal years from 1999 to 2003 and contributes to the Administration's Goals and Objectives as articulated in the 1998 National Drug Control Strategy. The 5-year budget reflects funding priorities first delineated in the 1997 Strategy and continued in the 1998 Strategy. Details about the drug control budget may be found in *The 1998 National Drug Control Strategy: Budget Summary*.

The PME system reflects the Goals and Objectives described in the 1997 and 1998 Strategies. It is important to note that this report is not a budget document, nor was the PME system used to construct the FY 1999–2003 drug control budget. The performance targets were developed separately from the budget process. Additionally, since the Goals are to be attained over a 10-year time period, intervening events may occur which prevent them from being met. Moreover, in drafting the performance measures of effectiveness, we have made certain assumptions, including expectations about realizing future resource levels. Given these circumstances, these performance targets may need to be adjusted to reflect new or changing circumstances.

The PME system also recognizes that the Federal Government is not the sole financier of the national anti-drug effort. A national-level strategy requires a national-level effort. To achieve the Strategy's Goals, responsibility must be shared among all levels of government—Federal, State, and local. These entities, involved in our national drug control effort, must join together to reduce drug abuse if the Strategy's Goals are to be achieved.

The intent of this report is to present to the public the PME system for linking Goals, Objectives, and results. This PME system enables the drug control community to assess and select among various options for achieving performance targets. These options include management tools such as the budget (resources); shared responsibility among Federal, State, and local governments, the private sector, and community organizations; and our system of laws and regulations.

The next step in the development of the PME system is to identify programs and resources that contribute to the achievement of the Strategy Goals and Objectives. ONDCP currently tracks Federal drug control programs and resources by (1) agency (reflecting ONDCP's legal mandate to certify budgets of National Drug Control Program agencies); (2) appropriations (reflecting the nine appropriations bills through which drug control resources are provided each year); (3) decision unit (agency drug account level appropriations); (4) function (activities such as interdiction, treatment, prevention, and corrections); and (5) compliance with the five Strategy Goals. ONDCP is now working to identify program activities and resources for each Strategy Objective and exploring how Federal grants-in-aid, State and local government resources, and private resources will contribute to realization of the Strategy Goals and Objectives.

Endnotes

1. ONDCP's authority to conduct performance evaluation is in its authorization language set out in 21 U.S.C. 1502 (b) and (d). These responsibilities and powers relate in part to coordinating and overseeing the implementation of the National Drug Control Strategy and conducting performance audits and evaluations of National Drug Control programs. Statutory language appearing at 21 U.S.C. 1504 (a) and (b) and 21 U.S.C. 1507 provides additional authority related to Strategy Goals and Objectives, assessments of Federal drug control efforts, and projections of priorities for supply reduction and demand reduction.

2. The performance measurement system in this report supports the Goals and Objectives contained in the 1998 National Drug Control Strategy. These Goals and Objectives were first presented to the American public in the 1997 National Drug Control Strategy released in February 1997.

3. Office of National Drug Control Policy, The White House, 1997 National Drug Control Strategy, iii.

4. Statement by General Barry R. McCaffrey, Director, Office of National Drug Control Policy, before the Senate Appropriations Committee, Subcommittee on Treasury, General Government and Civil Service, May 14, 1997.

5. These indications come from two surveys of drug use in America. The first is the *National Household Survey on Drug Abuse* published by the Department of Health and Human Services. Among other things, this survey reports drug use, incidence, and attitudes for youth aged 12–17. The most recent survey reports that, after increasing throughout the 1990s, past month use (current use) of any illegal drugs stabilized at 9.0 percent in 1996. Marijuana use in particular stabilized in 1996 at 7.1 percent. This finding was confirmed by the University of Michigan's *Monitoring the Future Study*, which surveys youth in grades 8, 10, and 12. It reported that drug use leveled off in 1997 and also found that there were some slight declines in drug use reported for eighth graders.

6. This estimate is for calendar year 1996 and reflects drug use within the national household population. It misses chronic or addicted drug users who do not live in households. The estimates of drug use for the household population are used to represent drug use trends in the United States, even though they do not cover the entire U.S. population. For more about this survey, see the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, July 1997).

7. There is some overlap between these two estimates, but the extent of the overlap is unknown.

8. This estimate was developed by the RAND Corporation. See C. Peter Rydell and Susan S. Everingham, *Controlling Cocaine: Supply versus Demand Programs* (Santa Monica, CA: RAND Corporation, 1994).

9. According to RAND, about three-quarters of the cocaine is consumed by chronic users, who are about one-fifth of all cocaine users. This statistic is calculated only with respect to cocaine use. C. Peter Rydell and Susan S. Everingham, *Modeling the Demand for Cocaine* (Santa Monica, CA: RAND Corporation, 1994).

10. This estimate was developed by the Department of Health and Human Services at the request of the Office of National Drug Control Policy. The estimate is based on the number of drug users who are considered chronic users and who are in need of treatment.

11. Institute for Health Policy, Brandeis University, *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy* (Princeton, NJ: Robert Wood Johnson Foundation, 1993).

12. 21 U.S.C. 1507 defines supply reduction and demand reduction for the purpose of determining how Federal drug control resources are apportioned to these two broad functional areas.

13. The supply and demand distinction is required by law. ONDCP's enabling legislation defined supply and demand reduction activities, created an Office of Supply Reduction and an Office of Demand Reduction, and required ONDCP to describe the share of total drug control resources devoted to supply reduction and demand reduction activities.

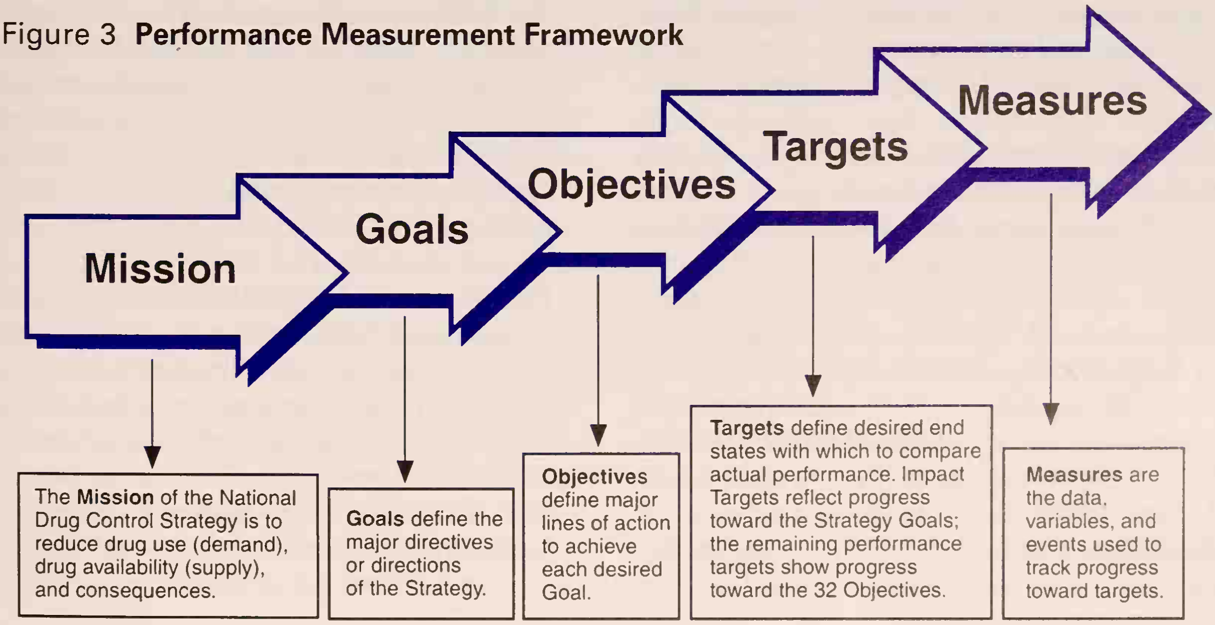
14. To an economist, drug use does not equate to demand nor does availability equate to supply. Demand defines the desires or preferences of all consumers in a market over a range of prices. It shows the quantities that such consumers would remove from the market at alternative prices. Supply defines the quantities of the commodity producers will bring to market at alternative prices, which is determined by the industry's underlying cost structure. For purposes of this report, however, "demand" is used to refer to drug use; "supply" refers to drugs available for consumption.

II: Establishing Performance Targets for Strategy Goals and Objectives

The pursuit of Strategy Goals and their associated Objectives is expected to yield measurable outputs and outcomes designated as "performance targets."[1] The Administration's National Drug Control Strategy PME system establishes performance measures[2] to assess (1) the Strategy's overall impact on drug use, availability, and consequences and (2) the effectiveness of specific Federal, State, local, and private sector programs and activities that constitute the national drug control effort. Measures are the means for tracking progress toward the performance targets. Ultimately, data for the measures will be provided by Federal, State, and local drug control agencies. The framework of the performance measurement system is shown in Figure 3.

The nucleus of the PME system consists of 12 Impact Targets:[3] key performance targets that define desired end states for the Strategy's 5 Goals. Another 82 performance targets reflect national progress toward the 32 supporting Objectives. While Impact Targets reflect whether the Strategy is successful overall, the other 82 performance targets offer critical information on what needs to be done to refine policy and programmatic directions. Five- and ten-year targets are developed for the years 2002 and 2007, corresponding to the 10-year Strategy. Annual targets will be developed as soon as is practical in coordination with the Federal drug control agencies and representatives of the anti-drug community.

Figure 3 **Performance Measurement Framework**



The **Mission** of the National Drug Control Strategy is to reduce drug use (demand), drug availability (supply), and consequences.

Goals define the major directives or directions of the Strategy.

Objectives define major lines of action to achieve each desired Goal.

Targets define desired end states with which to compare actual performance. Impact Targets reflect progress toward the Strategy Goals; the remaining performance targets show progress toward the 32 Objectives.

Measures are the data, variables, and events used to track progress toward targets.

Performance Targets for Strategy Goals (12 Impact Targets)

The following 12 Impact Targets set a course for the Nation's drug control efforts over the next 10 years. The Impact Targets, designed to reduce drug use, availability, and consequences, establish desirable outcomes or end-states for where the Nation should aspire to be a decade from now. There are five Impact Targets for demand reduction efforts, five for supply reduction efforts, and two for reducing the adverse health and crime consequences of drug use and trafficking. These aggressive targets are intended to motivate Federal, State, local, foreign, and private partners in drug control to reduce supply and demand to levels that are realistically achievable within the stated time frame.[4] However, these 5- and 10-year targets are new and may need to be evaluated and refined periodically.

Demand Reduction: The Impact Target for ***demand reduction*** is: *A 25-percent reduction by 2002 in the overall rate of illegal drug use in the United States below that of the 1996 base year. By 2007, the target is a 50-percent reduction in the rate of overall drug use below that of the 1996 base year.*[5] In 1996, the current (i.e., past month) rate of drug use across the United States was 6.1 percent.[6] The targeted 50-percent reduction would yield a nationwide drug use rate of 3.1 percent by 2007. The 3.1-percent rate would be the lowest verified rate since the Federal Government began systematically tracking such data.[7] This ambitious undertaking is contingent upon a long-term commitment by Federal, State, local, foreign, and private partners in drug control to achieve the Goals and Objectives of the Strategy.

The Impact Target for overall drug use requires reductions in the following three key areas: drug use by our Nation's youth; drug use in the workplace; and drug use by chronic drug users.

- Focus on Youth: Two Impact Targets are related to youth drug use. The first Impact Target focuses on delaying the onset of drug use, as measured by the mean age of first-time drug use: *By 2002, increase the average age of first-time drug use by 12 months from the average age of first-time use in the 1996 base year. By 2007, increase the average age of first-time drug use by 36 months from that in the 1996 base year.* To illustrate the value of reducing first-time drug use, consider the mean age for first-time use of marijuana (16.7 years).[8] If a youth approaches the age of 20 without having tried drugs, the chances of becoming a drug user are much lower.[9] Delaying the initial use of drugs such as marijuana by 36 months would, in turn, set the mean age of initial use at a high enough level to allow a larger percentage of the population to approach the "20-and-older safety-zone." The PME system will use the average age of first-time marijuana use as a proxy measure to track progress toward the target of delaying the onset of drug use. Achieving this ambitious target will demonstrate the Nation's progress toward shutting down the pipeline of drugs to America's youth.[10]

  The Strategy also must have an impact on overall youth drug use prevalence. The Impact Target for youth drug use prevalence is: *By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against that in the 1996 base year and by 2007, reduce the prevalence by 50 percent compared with that in 1996.* To measure progress toward this target, we will use information collected annually in the *National Household Survey on Drug Abuse* on current use of any illegal drugs by youth aged 12–17. In 1996, the prevalence of drug use in the 12–17 age group was 9.0 percent.[11] A 50-percent reduction from the 1996 base year prevalence rate moves toward a targeted use rate of 4.5 percent by 2007. Achieving this critical Impact Target by 2007 would mean that the Nation would have the lowest rate of drug use among those aged 12–17 since recordkeeping on youth drug use began.[12]

- Focus on the Workplace: Approximately 74 percent of drug users are employed.[13] Targeting the workplace with drug prevention and education programs will reduce overall drug use and protect the health, safety, and productivity of the American worker. The Impact Target for workplace drug use prevalence is: *By 2002, reduce the prevalence of drug use in the workplace* *by 25 percent compared with that in the 1996 base year and by 2007, reduce prevalence by 50 percent compared with that in 1996.* This target focuses on users who are not considered chronic drug users. The workplace offers an opportunity to reach these users. In 1996, the total full-time workforce population was 99 million with a current drug use rate of 6.2 percent or approximately 6.1 million drug users. The rates were 8.6 percent for those employed part-time and 12.5 percent for those actively seeking work.[14] To measure progress toward this target, we will use the *National Household Survey on Drug Abuse*, which reports current use of any illegal drugs for those employed full-time or part-time or who are actively seeking work. When the 1996 rates are reduced by half, drug use among those who are employed full-time will drop to 3.1 percent, a reduction of 3 million drug users. The rates for those employed part-time or unemployed will drop to 4.3 percent and 6.3 percent, respectively. Achieving these targets will substantially enhance productivity and safety in the workplace.[15]

- **Focus on Chronic Drug Use:** Chronic drug users consume the vast majority of available drugs in the United States. Unless their demand is substantially reduced, drug traffickers will continue to enjoy a long-term, stable market for their products. While supplying these users, traffickers entice others to begin using drugs. If the Nation's demand for drugs is to be dramatically reduced, chronic drug users must be targeted aggressively. The Impact Target for reducing chronic drug use is: *By 2002, reduce the number of chronic drug users by 20 percent compared with that in the 1996 base year and by 2007, reduce the number of chronic drug users by 50 percent compared with that in 1996.* The Department of Health and Human Services (HHS) estimates that there are at least 3.6 million chronic drug users who could benefit from drug treatment.[16] Though this estimate is subject to revision as newer and better modeling techniques are developed (see Appendix A) meeting this Impact Target within 10 years would reduce the number of chronic drug users to 1.8 million by 2007. A decline of this magnitude in the number of chronic drug users would result in a significant reduction in the overall demand for drugs. In addition, these users place the greatest burden on society in the form of health and social costs. The reduction of these drug use consequences is considered in more detail below.

  Specific measures are needed to track progress toward reductions in the overall rate of chronic drug use. HHS's National Household Survey on Drug Abuse provides data that can be used to track progress in both reducing drug use and raising the average age of initial drug use. However, traditional survey techniques undercount the number of chronic drug users.[17] Therefore, ONDCP developed a new methodology to provide valid estimates of the population of chronic drug users. A federally funded pilot study has been completed that tests the new methodology and focuses on a single local jurisdiction—Cook County in Chicago, Illinois.[18] ONDCP is developing estimates for a larger region which could then be used to develop national estimates of this difficult-to-measure subpopulation.[19] In the interim, ONDCP will use HHS estimates of the size of the chronic user population to measure progress toward the target for reducing their number.

Supply Reduction: In the area of ***supply reduction***, the Impact Target is: *Reduce drug availability in the United States by 25 percent by 2002, and by 50 percent by 2007 compared with that in the 1996 base year.* The Strategy emphasizes the need to reduce the available supply of drugs, particularly since demand reduction efforts are handicapped by an environment where drugs are plentiful. Supply reduction seeks to reduce availability, raise prices, reduce purities, and disrupt and dismantle trafficking organizations. This Impact Target applies to illicit drugs that are cultivated or produced domestically as well as those imported into the United States. This target is achieved by source country efforts to reduce production through eradication, interdiction, and law enforcement activities targeting criminal organizations. It also assumes traffickers will be deterred by various interventions which will reduce the availability of illicit drugs.

There are no official government estimates of the available supply of illicit drugs in the United States.

However, estimates of the amounts of drugs cultivated, produced, and in transit are available from various agencies including ONDCP, the State Department, the Drug Enforcement Administration, and the intelligence community. ONDCP is leading an interagency effort to develop an official drug flow (availability) estimate to provide a baseline for measuring the available supply of cocaine, heroin, marijuana, and methamphetamine. This long overdue undertaking will include estimates of the amounts of drugs leaving source nations (exports), in transit to the United States, and entering the United States for consumption. It may be determined that some baseline figures cannot be estimated in the short run. In that case, barriers to data estimation will need to be identified so they may be overcome quickly.[20] Official drug flow estimates are needed to assist the drug community to better measure progress in reducing the availability of these drugs.

Developing an official estimate of the available supply of drugs is critical, especially since measures of price and purity may not provide credible signs of progress. While reducing availability would force drug prices to rise, reducing demand would have the opposite effect. It is even conceivable that both demand and supply could be reduced such that drug prices remain unchanged. The point is that changes in drug price alone are not the most accurate or valid indicators of program performance.

Estimating drug availability is not a new notion or an impossible undertaking. For example, one source estimates that about 287–376 metric tons of cocaine were available for consumption in the United States in 1995.[21] These estimates may be used to illustrate the the rationale of the Impact Target for reducing drug availability. The target for a 50-percent reduction in availability by 2007 means that the available supply of cocaine would be reduced to 143–188 metric tons. Using ONDCP estimates, availability of heroin would decrease from approximately 12 tons to 6 tons over this same period. The feasibility of Impact Targets is discussed in greater detail at the end of this chapter. These examples are meant to show the plausibility of this Impact Target; more precise drug availability figures will result as ONDCP and the international drug control agencies develop official drug flow estimates.

All supply reduction activities, including domestic law enforcement, interdiction, intelligence, and source country programs, will be focused on achieving this key Impact Target.

Impact Targets for supply reduction involve four key areas: foreign source zones, U.S. borders, domestic cultivation and production, and domestic traffickers' success.

- **Focus on Foreign Source Countries:** Gaining control over the cultivation and production of illicit drugs provides the foundation for supply reduction efforts. All major drugs and essential precursor chemicals must be targeted at the source of supply and prevented from leaving source nations. The Impact Target is: *By 2002, reduce the rate of outflow of illicit drugs from source zones by 15 percent from the 1996 base year and by 2007, reduce the outflow rate by a total of 30 percent as measured against the base year.* The rate of outflow from source zones may be measured by the traffickers' success rate in source zones, which is defined as the estimated quantity of drugs available for export from source zones divided by the estimated total potential production amount.

The following example for cocaine illustrates this target. The Interagency Assessment of Cocaine Movement (IACM) estimates that about 608 metric tons of cocaine hydrochloride (HCl) were available for export from source zones in 1996.[22] Dividing this by the estimated potential production of cocaine of about 760 metric tons in 1996 suggests that traffickers successfully exported 80 percent of the estimated potential production amount (see Appendix A for more about this calculation). The Impact Target seeks to reduce the traffickers' success rate of 80 percent by 30 percent, which means that it would be reduced to 56 percent (.30 x 80).

- **Focus on Stopping Drugs in Transit and Arrival Zones:** The transit and arrival zones present another opportunity to interrupt the flow of drugs. The Impact Target is: *By 2002, reduce the rate at which illicit drugs successfully enter the United States from the transit and arrival zones by 10 percent, compared with the 1996 base* *year and by 2007, reduce the rate by 20 percent as measured against the base year.* To illustrate the implications of this Impact Target, 1996 estimates from ONDCP's Interagency Assessment of Cocaine Movement[23] were used to determine that approximately 608 metric tons of cocaine were shipped from the source zones destined for the United States in 1996. According to 1996 seizure information, 191 metric tons of cocaine were seized in the transit and arrival zones. This implies a trafficker success rate in the transit and arrival zones of 69 percent. The Impact Target would reduce this rate by 20 percent in 10 years to 55 percent (see Appendix A for more discussion about this calculation).

Interrupting the flow of drugs in the transit and arrival zones will not, by itself, solve the problem of reducing drug availability in the United States. However, when combined with source nation efforts, U.S. domestic law enforcement efforts, and reduction in the demand for drugs in the United States, flow interruption becomes a significant contributor to the long-term effort to cut the available supply of drugs in half. But this is not enough. Two additional performance Impact Targets are required for supply reduction programs within the United States: (1) reducing domestic cultivation and production and (2) reducing the traffickers' success rate of selling illicit drugs to the consumer.

- **Focus on Domestic Cultivation and Production:** The Nation must gain control over the cultivation and production of drugs within its borders. The Impact Target is: *By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent from the 1996 base year, and by 2007, reduce production and cultivation by 50 percent compared with the base year.* ONDCP will coordinate the development of official Government estimates of the amount of these drugs available in the United States and will report its estimates to Congress in the fall of 1998. Every effort will be made to fully eradicate cultivated, commercial-grade marijuana where it is detected in the United States. The official Government estimate will include the percentage of marijuana that escapes detection and will raise the benchmark for domestic marijuana control efforts. The domestic supply of methamphetamine also must be brought under control by focusing law enforcement efforts on controlling the illicit diversion of precursor chemicals and curtailing illicit manufacturing processes.

- **Focus on Reducing the Traffickers' Success Rate in the United States:** Within the United States, domestic law enforcement targets all levels of drug trafficking organizations. From the arrest of a local street corner dealer to the full-scale dismantlement of a drug trafficking organization, law enforcement helps reduce the supply of drugs available to consumers. Although the total of all domestic law enforcement seizures is not known, we can define an overall drug traffickers' success rate inside the United States (see Appendix A).[24] The Impact Target is: *By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. venue reach the U.S. consumer as compared with the 1996 base year and by 2007, reduce this rate by 20 percent over the base year.*

An ONDCP-led development of an official Government drug flow estimate is paramount to the successful implementation of meaningful targets for supply reduction. ONDCP will continue to track process measures such as arrests, seizures, and drug purities. However, such measures track outputs, not outcomes, and are no substitute for the real measure of success this Nation's drug policy seeks: a reduction in drug availability.

Drug Use Consequences: In the area of drug use ***consequences,*** we aim to reduce the substantial, damaging health and social costs stemming from drug use, including those from drug-related crime. These costs are estimated to be $67 billion annually with a large share being crime-related.[25] We target two principal areas to reduce the health and social costs of drug use: (1) crime and violence and (2) health costs.

- **Focus on Crime and Violence:** Reducing drug use, especially chronic drug use, can do much to reduce drug-related crime.[26] Drug-related crime is not limited to highly publicized violent crimes. Drug use also spawns many other types of crime including corruption, prostitution, domestic violence, money laundering, forgery and counterfeiting, embezzlement, and weapons violations. Domestic law enforcement must aggressively target traffickers to mitigate the violence that surrounds the drug trade and decrease the entire range of drug-related crime. The Impact Target for this area is: *By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and drug abuse, as compared with the 1996 base year, and by 2007, reduce drug-related crime and violence by 30 percent, as compared with the base year.* In 1996, the rate of arrests for drug law violations was 594 per 100,000 arrests.[27] Reducing this rate by 30 percent over 10 years to 416 per 100,000 arrests will significantly increase the safety of our Nation's streets.

- **Focus on Health:** Drug users engage in high-risk behaviors making them and their associates susceptible to a range of infectious diseases such as tuberculosis (TB), HIV/AIDS, and hepatitis. Drug use also contributes to birth defects and infant mortality, undermines workplace safety, and leads to premature death. The Impact Target for this area is: *By 2002 to reduce health and social costs associated with illegal drug use by 10 percent, as expressed in constant dollars, as compared to the 1996 base year, and by 2007, reduce such costs by 25 percent as compared to the base year.* To illustrate the implication of this Impact Target, consider the following example: According to the Centers for Disease Control and Prevention, 1,919 cases of TB reported in 1996 were related to drug use (11.5 percent of all cases reported). Achieving the Impact Target would reduce this figure to 1,727 in 2002 and to 1,439 in 2007.

There are sound reasons why the projected impacts on social costs are less than the impacts sought for reducing drug availability or use. It is unknown whether halving the demand for drugs will result in a corresponding halving of associated social costs. Reducing the prevalence of use, especially chronic use, will lower social costs. But, as the remaining users age, their average health costs are likely to rise. To develop a more precise approach to reducing the social costs associated with drug use, ONDCP will study the relationships among use, availability, and consequences while tracking the Strategy's overall progress. In short, as we implement this system of performance measures of effectiveness, we will learn more about the relationship between social costs and changes in use and availability.

Measures of the Strategy's impact on reducing drug use consequences will come from crime statistics collected by the Department of Justice. In addition, HHS will report annual dollar estimates of the social costs of drug use. In particular, HHS's National Institute on Drug Abuse has this effort well underway and should be able to report its first estimate in 1998. This estimate will serve as the baseline for measuring progress in reducing the adverse consequences of drug use.

Interrelationships Among the Targets: The 12 Impact Targets, summarized in Figure 4, define desirable, meaningful outcomes or end states for this Nation's drug control effort—a 50-percent reduction of drug use and availability and at least a 25-percent reduction in drug use consequences.

Figure 5 shows the relationship among the Strategy's Goals, Objectives, and Impact Targets. The Impact Targets form the nucleus of the system, with the 5 Goals and 32 Objectives guiding the drug control community on tactical ways of achieving these impacts. Demand reduction programs form the right-hand side of the figure, supported by the Objectives for Goals 1 and 3 and some of the Objectives for Goal 2.[28] On the demand side, 19 Objectives contribute to 5 Impact Targets to reduce drug use and 1 Impact Target to reduce the health and social costs of drug use. The left-hand side of Figure 5 depicts Goals and Objectives that contribute to supply reduction. These include Goals 4 and 5 and part of Goal 2. Thirteen Objectives constitute efforts to reduce drug use availability and crime associated to drug use and trafficking. This figure shows how drug control policy is organized for reducing drug use, availability, and consequences. The five Goals define key areas of the Strategy: prevention (Goal 1); treatment (Goal 3 and part of Goal 2); attacking domestic and

Figure 4
Impact Targets

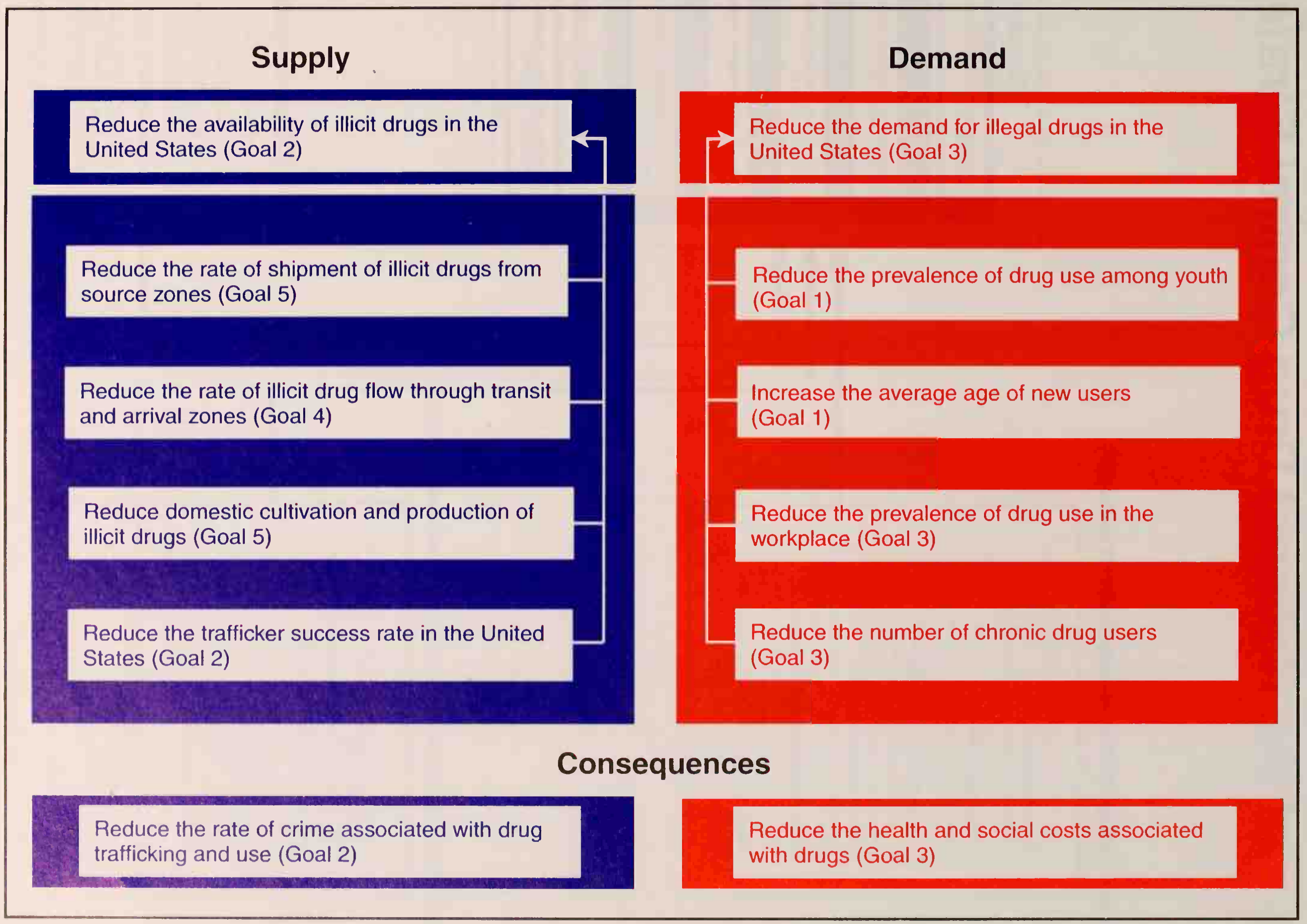
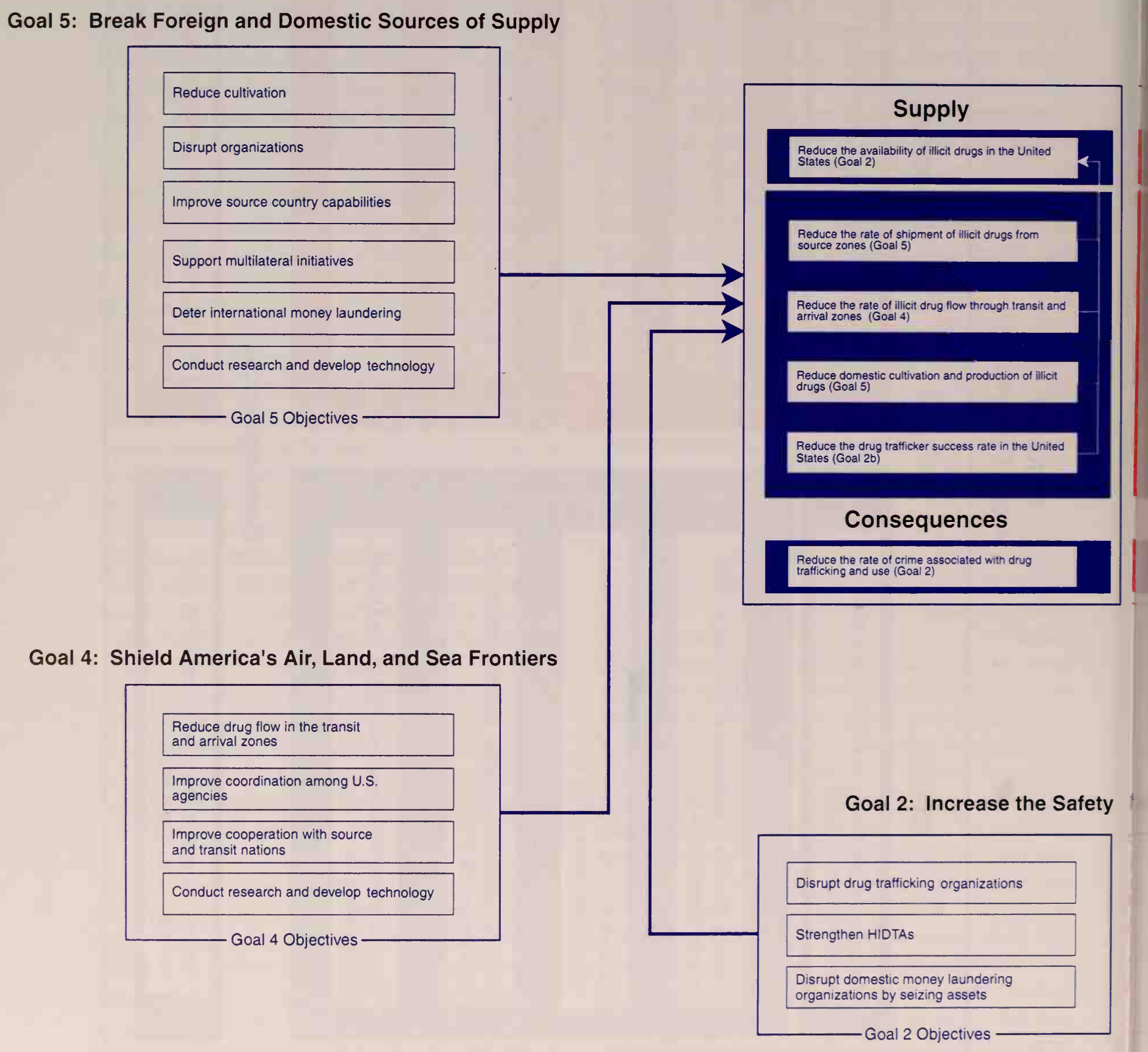
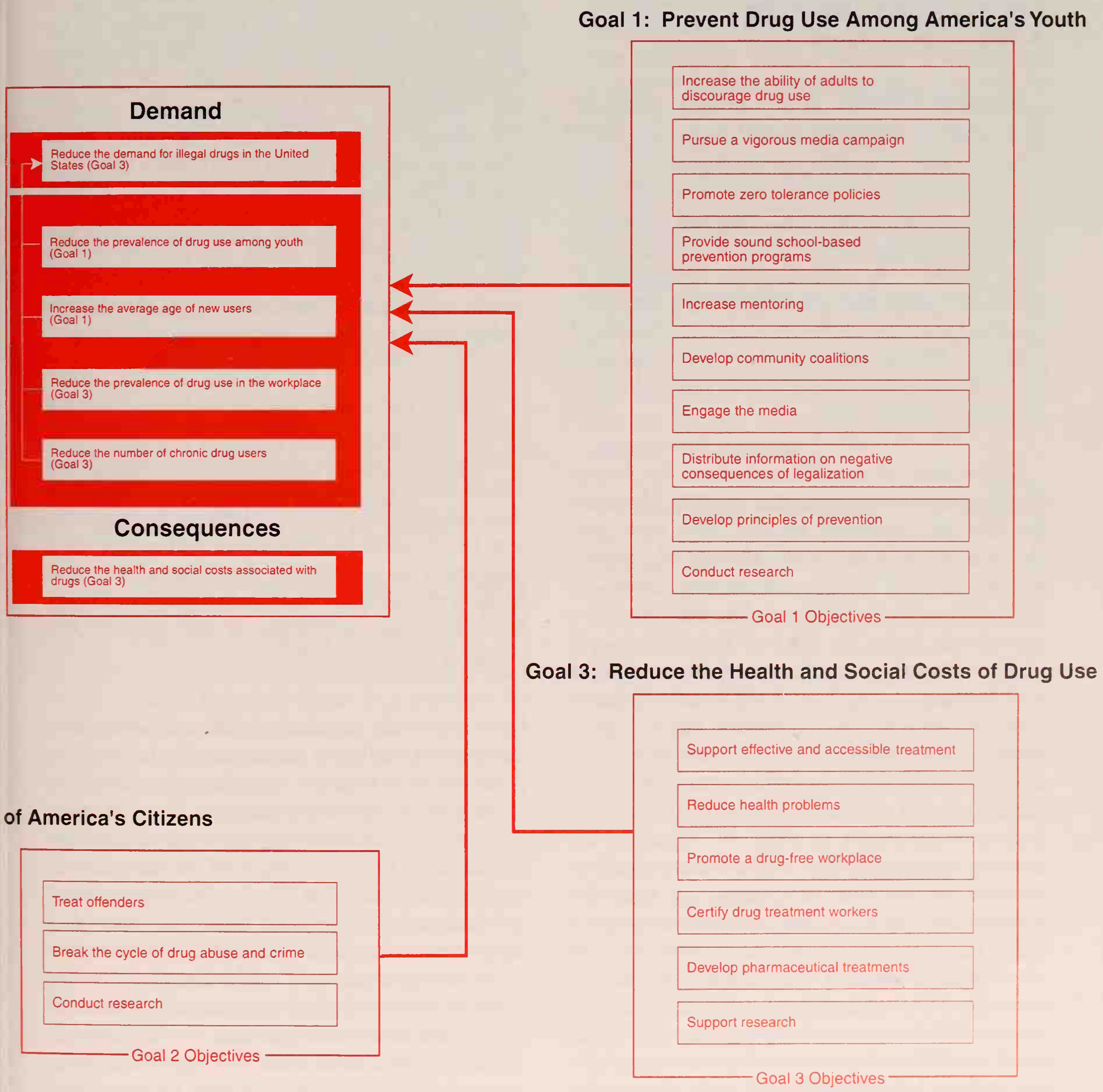

Supply
Demand
Reduce the availability of illicit drugs in the United States (Goal 2)
Reduce the rate of shipment of illicit drugs from source zones (Goal 5)
Reduce the rate of illicit drug flow through transit and arrival zones (Goal 4)
Reduce domestic cultivation and production of illicit drugs (Goal 5)
Reduce the trafficker success rate in the United States (Goal 2)
Reduce the demand for illegal drugs in the United States (Goal 3)
Reduce the prevalence of drug use among youth (Goal 1)
Increase the average age of new users (Goal 1)
Reduce the prevalence of drug use in the workplace (Goal 3)
Reduce the number of chronic drug users (Goal 3)
Consequences
Reduce the rate of crime associated with drug trafficking and use (Goal 2)
Reduce the health and social costs associated with drugs (Goal 3)

Figure 5
Goals, Objectives, and Impact Targets of the National Drug Control Strategy


Goal 5: Break Foreign and Domestic Sources of Supply
Reduce cultivation
Disrupt organizations
Improve source country capabilities
Support multilateral initiatives
Deter international money laundering
Conduct research and develop technology
Goal 5 Objectives
Supply
Reduce the availability of illicit drugs in the United States (Goal 2)
Reduce the rate of shipment of illicit drugs from source zones (Goal 5)
Reduce the rate of illicit drug flow through transit and arrival zones (Goal 4)
Reduce domestic cultivation and production of illicit drugs (Goal 5)
Reduce the drug trafficker success rate in the United States (Goal 2b)
Consequences
Reduce the rate of crime associated with drug trafficking and use (Goal 2)
Goal 4: Shield America's Air, Land, and Sea Frontiers
Reduce drug flow in the transit and arrival zones
Improve coordination among U.S. agencies
Improve cooperation with source and transit nations
Conduct research and develop technology
Goal 4 Objectives
Goal 2: Increase the Safety
Disrupt drug trafficking organizations
Strengthen HIDTAs
Disrupt domestic money laundering organizations by seizing assets
Goal 2 Objectives


Goal 1: Prevent Drug Use Among America's Youth
Increase the ability of adults to discourage drug use
Pursue a vigorous media campaign
Promote zero tolerance policies
Provide sound school-based prevention programs
Increase mentoring
Develop community coalitions
Engage the media
Distribute information on negative consequences of legalization
Develop principles of prevention
Conduct research
Goal 1 Objectives
Demand
Reduce the demand for illegal drugs in the United States (Goal 3)
Reduce the prevalence of drug use among youth (Goal 1)
Increase the average age of new users (Goal 1)
Reduce the prevalence of drug use in the workplace (Goal 3)
Reduce the number of chronic drug users (Goal 3)
Consequences
Reduce the health and social costs associated with drugs (Goal 3)
Goal 3: Reduce the Health and Social Costs of Drug Use
Support effective and accessible treatment
Reduce health problems
Promote a drug-free workplace
Certify drug treatment workers
Develop pharmaceutical treatments
Support research
Goal 3 Objectives
of America's Citizens
Treat offenders
Break the cycle of drug abuse and crime
Conduct research
Goal 2 Objectives

foreign sources of supply (Goal 5); interdiction (Goal 4); and domestic law enforcement (part of Goal 2 and part of Goal 5). The Objectives are a guide as to how each area will be emphasized in future years to achieve desired impacts on drug use, availability, and consequences.

Can the Impact Targets Be Achieved in 10 Years?

Meaningful Impact Targets project where the drug control community should be in the future. The 12 Impact Targets are meaningful, results-oriented targets for 2002 and 2007 reflecting Strategy requirements for reducing drug use, availability, and consequences. Progress toward these targets is determined using quantitative or qualitative indicators as performance measures. This section explores the feasibility of the Impact Targets. The question is: Are the 2002 and 2007 end states for drug use, availability, and drug use consequences plausible?

In the area of demand reduction, the Impact Target seeks to reduce overall drug use by 50 percent by 2007 as compared to the 1996 base year. According to the 1996 Household Survey, 6.1 percent of the household population, or 13.0 million people in households, used drugs on a past month basis. The Impact Target for overall drug use proposes to cut the rate of drug use in half, to 3.1 percent. Using Bureau of Census population forecasts for 2007, a 3.1-percent Impact Target means that 8.0 million projected users must avoid using drugs. This is calculated by multiplying the current rate of drug use (6.1 percent) times the projected population in 2007 to determine the number of drug users there will be if the current rate of drug use prevails, and subtracting from this estimate the number of drug users there would be at the 3.1-percent rate (Appendix A provides more discussion about this calculation). While the reduction of 8.0 million users may seem ambitious, this level of change is not unprecedented. Between 1985 and 1988, the number of drug users dropped by 8.1 million; between 1988 and 1992, the number dropped by 3.1 million.[29]

With respect to our Nation's youth, a similar analysis shows that 1.1 million youth aged 12–17, projected to use drugs in 2007, must not use drugs. This means, that within the targeted 8.0 million reduction in the total number of drug users by 2007, 1.1 million should be America's youth. Another Impact Target proposes to add 36 months to the average age of initiation to delay the onset of drug use. This outcome would bring the average age of initiation to age 20 (restoring its 1985 value). As for the other 6.9 million individuals who must stop using drugs to achieve the overall national target, the workplace is expected to yield another 5.5 million reduction in users, including those actively seeking employment. This leaves a balance of 1.4 million users (who are not employed, not seeking work, and age 18 or over) who are expected to stop their drug use. Again, this level of decline has occurred before; it can occur again. The challenge for the drug control community is to identify the best public policy options to achieve these reductions.

Another concern is reducing the huge amount of drugs available for purchase in the United States. Clearly, this readily available supply of drugs affects the demand for drugs in the United States. It is reasonable to assume that if there are fewer users in the future, then drug traffickers will reduce their supplies. This is not to say that demand reduction alone is the solution to today's drug problem. Supply reduction must contribute its fair share to the Nation's drug control efforts.

As previously discussed, no official Government estimates of the flow of drugs exist. This means there is no historical evidence to evaluate the plausibility of the Goal for reducing availability. However, many Federal Agencies have estimates or partial estimates of the drug flow.[30] As discussed in the previous section's illustration for cocaine, information about cultivation, production, and seizures can be used to approximate the effectiveness of supply reduction programming in affecting availability. By estimating traffickers' success rates in source, transit and arrival zones, and in the United States, we can establish targets to reduce these rates. The Impact Targets for supply reduction establish outcomes for meaningful program improvements that will contribute to reducing the available supply of drugs in the United States by 50 percent in 10 years.

Performance Targets for Strategy Objectives (Remaining 82 Performance Targets)

The discussion so far has focused on Impact Targets that reflect the extent to which the Strategy is successful in an overall sense. In addition, each of the 32 Objectives requires performance targets and measures to identify what is "working" so that program adjustments can be made. Eighty-two performance targets, supported by an equal number of measures, are established for the 32 Objectives. Each target establishes a benchmark for assessing progress in achieving a Strategy Objective. This section explores these supporting targets.

Consider the following example: Goal 1, Objective 2 states,

> **"Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth."**

This Objective is expected to be met primarily through ONDCP's "National Youth Anti-Drug Media Campaign." This Campaign will use research-based paid anti-drug advertisements to warn youth about the hazards of illegal drugs and show the advantages of a drug-free lifestyle and to encourage parents and other influential adults to talk to children about the dangers of drugs. The intent is to positively influence attitudes about the dangers of drug use so that youth will not use drugs. Data shows that attitudes and use are highly correlated. Figure 6 shows recent experience in the 1990s between attitudes and use. Attitudes about disapproval rates and the perceived dangers of drug use deteriorated in 1990 and 1991, respectively. This was followed by an increase in drug use after 1992. While the pattern is not definitive, it does suggest that attitudes must be targeted in order to influence levels of illegal drug use.

Three performance targets, supported by readily available data, are established for the Media Campaign:

- **Youth Risk Perceptions:** *By 2002, increase to 80 the percent of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.* The target will be measured using data from the University of Michigan's Monitoring the Future Study. For purposes of the media campaign, youth perceptions about the harmfulness of various categories of drugs could be used to track its progress. However, for purposes of monitoring the performance of the campaign, youth perceived harmfulness rates for regular marijuana smoking will be tracked. Marijuana is the most prevalent illegal drug and attitudes associated with its use are strongly correlated with those for other drugs.

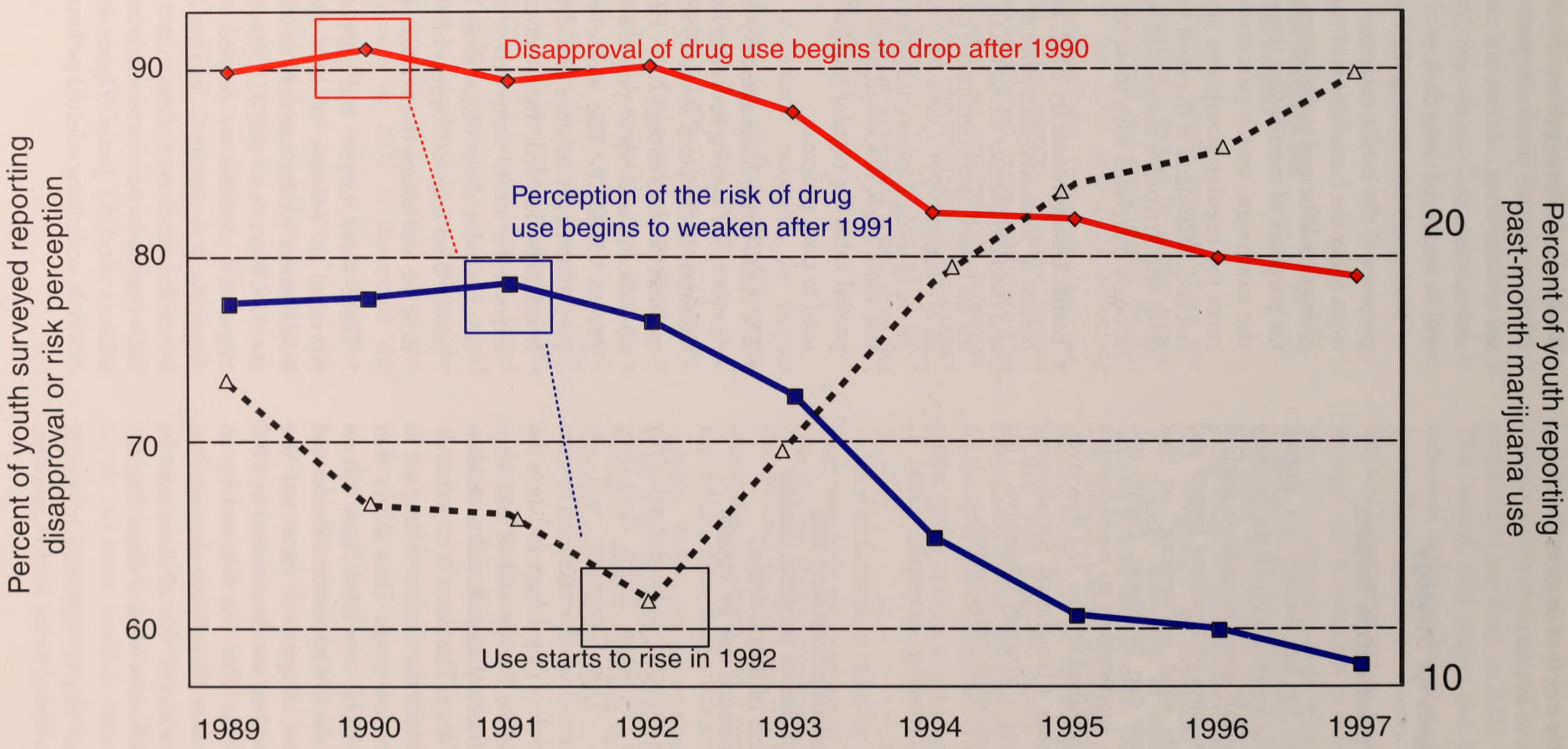
- **Youth Disapproval:** *By 2002, increase to 95 the percent of youth who disapprove of illegal drug use, and maintain this rate through 2007.* The *Monitoring the Future Study* conducted by the University of Michigan reports data on youth who disapprove of using various categories of drugs. Using the same logic discussed above, youth disapproval rates for regular marijuana use will be used to track progress.

- **TV Anti-Drug Messages:** *By 2002, double the number of TV viewing hours that focus on anti-drug messages, as compared to the 1998 base year, and maintain that level through 2007.* HHS will develop an indicator and report progress toward this target to ONDCP. The achievement of this particular target requires anti-drug TV viewing hours to be doubled, then maintained. ONDCP expects the media campaign to influence negative attitudes about illegal drugs and contribute to the dual Impact Targets of reducing youth drug use and raising the average age of initiation.

These three targets and supporting measures represent an example of how the performance measurement system functions in relation to one of the 32 Objectives.[31] All 32 Objectives for which targets and measures are defined are presented in Appendix B. Appendix C describes the process that led to the creation of these targets and measures. Each target is based on a rationale articulated by the relevant working group. Figure 7 illustrates the rationale underlying selected performance targets.

Figure 6

Youth Attitudes and Their Effect on Marijuana Use



Source: 1997 Monitoring the Future

The Strategy establishes aggressive public policy targets to significantly reduce drug use, availability, and consequences. These policy targets require a national commitment. Effective programs must be supported while ineffective programs are modified or abandoned. Resources must be used efficiently if these performance targets—our vision for the Nation a decade from now—are to be realized.

The 5 Goals and 32 Objectives comprise a means to achieve the end states proposed by the Impact Targets. These Goals and Objectives form a system of programs, related in their common intent to reduce drug use, availability, and consequences. Performance measurements enable policymakers, program managers, and the public to determine which programs are contributing to the achievement of the desired end states. If an impact is not realized, the PME system can help identify the problem so corrective actions may be taken. Where impacts are realized, responsible program areas may be adjusted. ONDCP's mission is to understand and identify which programs work best in achieving each desired end state envisioned by the Strategy and to coordinate the Federal, State, and local entities toward a more efficient and effective focus on Strategy Goals and Objectives.

Annual Performance Targets

Targets that focus on the years 2002 and 2007 do not imply that 5 years must lapse before deciding whether the Strategy Goals and Objectives are contributing to the overall impacts for reducing drug use, availability, and consequences. Annual targets will be developed as soon as practical for each of the 12 Impact Targets for drug use, availability, and consequences and for the 82 targets that reflect the 32 Strategy Objectives.

The intent of this report is to present for public consideration a conceptual framework and system design for assessing the Strategy's performance. For example, before deciding on the level of drug use to be achieved in 1999, one must first decide if the overall Impact Target submitted for 2007—a halving of drug use—is a plausible end state for drug policy. Progress toward achieving performance targets is not always linear or incremental. At times, progress will be noticeable only after some critical threshold of activity is achieved (e.g., after a sufficient number of prevention messages reach a sufficient number of individuals a sufficient number of times to affect their attitudes about the dangers of drug use). When this is true, progress may occur both suddenly and dramatically. Setting annual targets to reflect the 5- and 10-year impact performance targets must be done with care. ONDCP will begin modeling, where possible, to identify appropriate "glide paths" from now to 2007. In the absence of trend data on causal variables, a linear path may initially be projected with refinements to follow later. The glide path for each target may change drastically to reflect changes in the drug threat and in national commitment.

Figure 7 **Selected Performance Targets**

Target	Rationale for Target
Funded coalitions: Increase the number of community coalitions against drugs.	Goal 1/Objective 6: Strong, grassroots, anti-drug coalitions are required to promote locally based drug prevention messages. This target focuses on increasing the number of funded coalitions to strengthen the grassroots anti-drug message.
Drugs and recidivism: Reduce the proportion of treated, drug-using offenders who are rearrested.	Goal 2/Objective 4: Some drug users who commit crimes are arrested and treated. Yet, they return to a life of drugs and crime following their release. This target focuses on reducing the proportion of treated offenders who later commit a felony or serious misdemeanor.
Treatment gap: Reduce the public drug treatment gap.	Goal 3/Objective 1: Hardcore drug users account for most of the drug use. Treatment capacity must be expanded to treat more users so that drug use and its consequences are reduced.
Transit and arrival zone seizures: Increase the proportion of drugs seized, jettisoned, or destroyed in transit to the United States.	Goal 4/Objective 1: The proportion of drugs seized to drugs produced must increase to reduce overall drug availability. The ability to conduct flexible transit and arrival zone operations and seize drugs is a major contributor to drug reduction.
Disrupt trafficking organizations: Increase the percentage of community designated targets rendered ineffective.	Goal 5/Objective 2: Organizations provide the means and the infrastructure for distributing drugs. Disrupting trafficking organizations can disrupt the flow of drugs.

Endnotes

1. Performance targets show the desired end states to be achieved; they are measurable levels of performance against which actual achievements can be compared.

2. Measures show how progress toward targets will be tracked.

3. Impact Targets indicate the outcomes or end states that drug control policy seeks to achieve.

4. The General Accounting Office suggests that performance targets should set "stretch" goals that are ambitious and are aimed at achieving dramatic improvements in outcomes. See General Accounting Office, "Government Reform: Goal-Setting and Performance," GAO/AIMD/GGD-95-130R, 1995. In addition, the National Academy of Public Administration argues that, "[p]erformance targets should be realistic, but should, wherever feasible, encourage progress beyond historical performance levels." See the National Academy of Public Administration, "Toward Useful Performance Measurement: Lessons Learned from Initial Pilot Performance Plans," prepared under the Government Performance and Results Act (1994), 8.

5. Every effort is made to use existing data sets for the 1996 base year. If these data are not available, an emerging or newly developed system will be used to fill in the data for prior years. Only when these alternatives are exhausted will anything other than 1996 base year data be used. This may be the case when a pre-1996 data set is superior to subsequent data sets or when more time is required to establish a newly developed data source.

6. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997). Appendix C (Impact Target 3b) lists additional and supplemental data sources.

7. The lowest rate of past month illegal drug use was 5.3 percent, recorded in 1992. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

8. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

9. The National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse* (New York, NY: Center on Addiction and Substance Abuse at Columbia University, July 1995). The mean age of first-time marijuana use was over 20 years in only 2 years since the Federal Government began tracking such data: 1967 and 1986.

10. There is substantial empirical evidence to support the claim that delaying the onset of first-time drug use is an effective way to prevent drug use altogether. See Kandel, D.B., E. Single, and R. Kessler, "The Epidemiology of Drug Use among New York State High School Students: Distribution, Trends, and Changes in Rates of Use," *American Journal of Public Health* 66:43–53 (1976); Fleming, J.P., S.G. Kellam, and C.H. Brown, "Early Predictors of Age at First Use of Alcohol, Marijuana, and Cigarettes," *Drug and Alcohol Dependence* 9:285–303 (1982); Robins, L.N., and T.R. Przybeck, "Age of Onset of Drug Use as a Factor in Drug and Other Disorders," in *Etiology of Drug Abuse: Implications for Prevention*, C.L. Jones and R.J. Battjes (eds.), National Institute on Drug Abuse Research Monograph No. 56 (Washington, DC: U.S. Government Printing Office, 1985).

11. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

12. According to the National Household Survey on Drug Abuse, the lowest rate of drug use recorded by that survey was in 1992, when past month use of any illegal drug use reached 5.3 percent. The highest recorded rate was in 1979, at 16.3 percent.

13. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Public Health Services, *Workplace Policies and Worker Drug Use* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

14. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997); Department of Commerce, Economics and Statistics Administration, Bureau of the Census, *1995 Statistical Abstract of the United States* (Washington, DC: U.S. Department of Commerce, 1996); Department of Labor, Bureau of Labor Statistics.

15. The Strategy emphasizes that drug-free workplace programs, which include prevention, education, employee

assistance programs, drug testing, and treatment, have a definite impact on drug use within the youth population and the adult population. As people enter the workforce, there should be a realistic deterrent to drug use. It is expected that with full implementation of drug-free workplace programs and drug testing, significant reductions in drug use can be realized.

16. This is the number of chronic users estimated to be in need of substance abuse treatment. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *The Need for Delivery of Treatment Services* (Rockville, MD: U.S. Department of Health and Human Services, 1995).

17. For a review of the strengths and weaknesses of the NHSDA, see U.S. General Accounting Office, "Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement," GAP/PEMD-93-19, 1993. Also see Peter Reuter, "Prevalence Estimation and Policy Formulation," *Journal of Drug Issues* 23(2): 167–184 (1993).

18. Abt Associates, Inc. under contract to ONDCP, *A Plan for Estimating the Number of Hardcore Drug Users* (Washington, DC: ONDCP, forthcoming).

19. ONDCP plans to develop national estimates using the new methodology successfully developed and implemented in Cook County, Illinois (see endnote no. 18). ONDCP's intent is to develop estimates for the base year, 1996.

20. 21 U.S.C 1504(a) requires the Director, ONDCP, to assess reductions in drug availability. It also requires the Director to assess the quality of current drug use measurement instruments to measure supply reduction activities.

21. Abt Associates under contract to ONDCP, *What America's Users Spend on Illicit Drugs: 1988–1995* (Washington, DC: ONDCP, 1997).

22. The Interagency Assessment of Cocaine Movement (IACM) is a quarterly product coordinated by ONDCP and produced by the Defense Intelligence Agency.

23. Ibid.

24. The Drug Enforcement Administration has a study underway to estimate total seizures in the United States resulting from all law enforcement efforts.

25. Rice, Dorothy, Institute for Health and Aging, University of California at San Francisco, unpublished data for 1990.

26. The complex relationship between drugs and crime precludes an exact determination of the extent of drug-related crimes. Drug use and trafficking are illegal, but it is difficult to obtain reliable estimates of the number of transactions between buyers and sellers, or the number of times a user or trafficker possesses drugs for use and sale. Each of these events constitutes a drug-related crime. However, there also are several types of indirect drug-related crimes, including those stemming from the pharmacological effects of drugs (e.g., violent behavior); crimes related to a user's need to support his or her drug use (e.g., stealing, prostitution, and robbery); and crimes related to establishing and maintaining the retail market (e.g., cultivating marijuana and gang warfare over distribution areas). Finally, there are drug-related crimes to support the operation of the illicit drug industry (e.g., money laundering and bribery). Thus, because the consequences of drug use fan out into society and can lead to so many types of individual and systemic crimes, precise estimation of the extent of drug-related crime is impossible.

27. Federal Bureau of Investigation, *Crime in the United States 1996: Uniform Crime Reports* (Washington, DC: U.S. Department of Justice, 1997).

28. The depiction of the supporting Objectives for each Goal is abbreviated from the full text versions published in the 1997 National Drug Control Strategy for display purposes. See the 1998 National Drug Control Strategy for the complete text for each Objective.

29. Presumably, national attention to the problems of drug abuse, a vigorous media anti-drug campaign, the parents' movement, and the deaths of certain prominent figures contributed to this success.

30. The Central Intelligence Agency's Crime and Narcotics Center (CNC) conducts an annual estimate of cocaine and heroin production, the Department of Defense's Defense Intelligence Agency (DIA) coordinates an interagency effort which estimates the primary movement of cocaine from South America, and ONDCP calculates illicit drug availability in the United States to estimate what America spends on illegal drugs.

31. In addition to the performance targets related to television anti-drug messages, ONDCP will conduct an independent evaluation of its national youth anti-drug media campaign. This evaluation will continue throughout the life of the campaign and will examine such outcome issues as awareness of the anti-drug message of the campaign and changes in drug use attitudes and drug use behaviors among the Nation's youth. The evaluation will be linked to the performance measurement system by providing feedback on program effectiveness in achieving the impact and performance targets.

III: Using Performance Measurement to Manage for Results

The Strategy represents a plan to reduce drug use, drug availability, and the consequences associated with drug use and drug trafficking behavior. Attaining the end states defined by the Strategy will require concerted program efforts at the Federal, State, and local levels. The programs that are maintained in support of the Strategy must have their own targets for performance, and these targets must be linked ultimately to the targets that have been established for Strategy Objectives. Such linkages constitute the components of causal chains in which program inputs are tied to program outputs, and program outputs are tied to outcomes (or end states).

Consider the Impact Target that seeks to reduce youth drug use prevalence by 50 percent over the next decade. This target sets a historic course for drug prevention; we are trying to get the rate of drug use among tomorrow's youth (in 2007) to be half of today's rate. To accomplish this, we must first ensure that tomorrow's youth are provided the protective factors that help them resist the lure of drugs.[1] This will require parents and other caregivers, mentors, schools, the media, workplaces, and communities to educate youth about the dangers of drug use. It will also require better programming, supported by research, to ensure that effective programs are delivered locally. These efforts target youth perceptions about the dangers of drug use, raise disapproval rates, strengthen protective factors, and reduce risk factors. These combined efforts will translate into a smaller number of youth using drugs. The causal chain begins with effective programming, parent and community involvement, and national media attention.

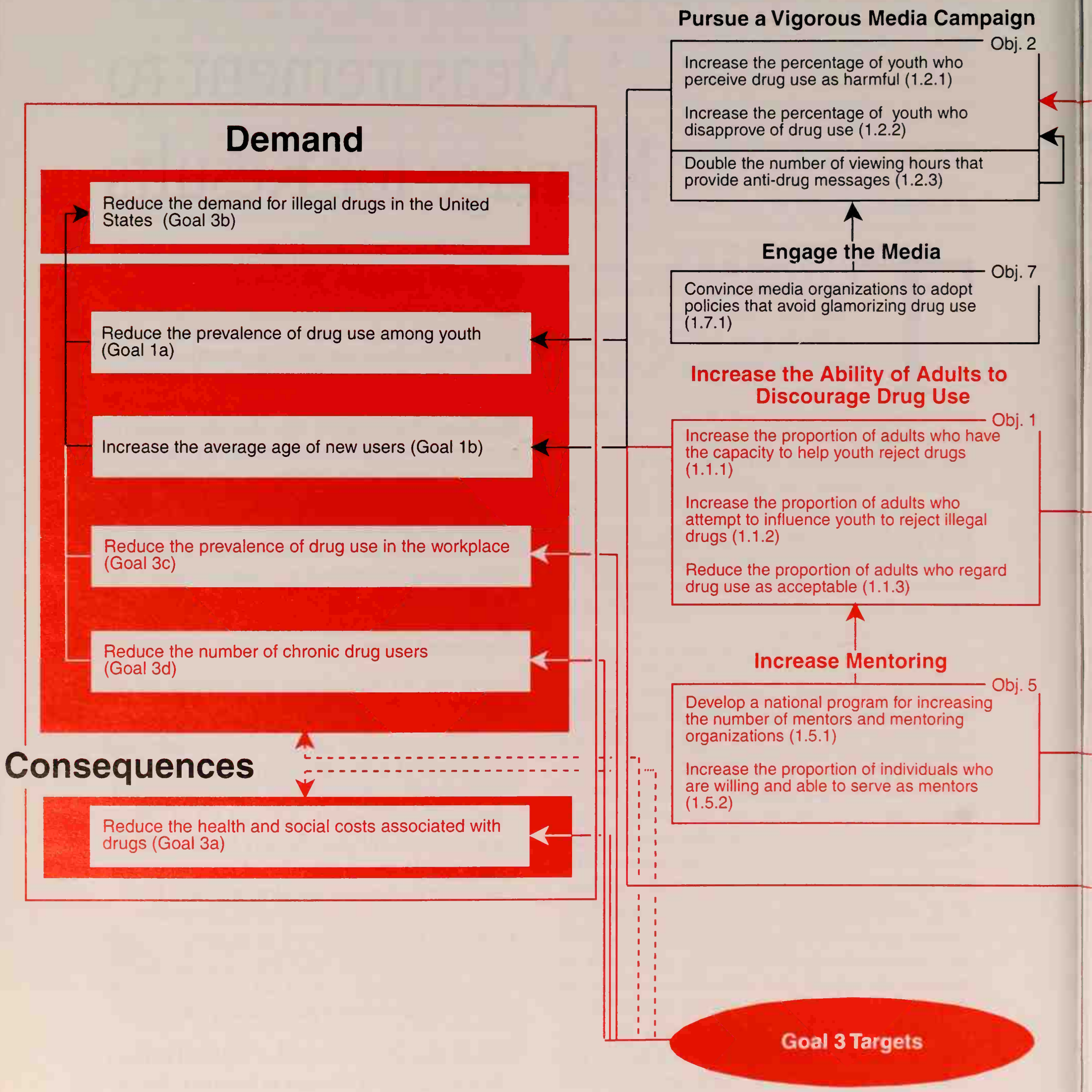
A formal depiction of this causal chain is presented in Figure 8.[2] Note that each Objective has one or more associated targets. Note also that the lines depict what are, for the moment, presumptive sets of causal relationships with some degree of prima facie validity. A line originating from one target and terminating at another (with an arrow at the end) indicates that the former effects a change in the latter. Continuing with the earlier example discussed in Chapter 2 about the Media Campaign, Figure 8 illustrates how and why such an initiative will be valuable to national drug control efforts.

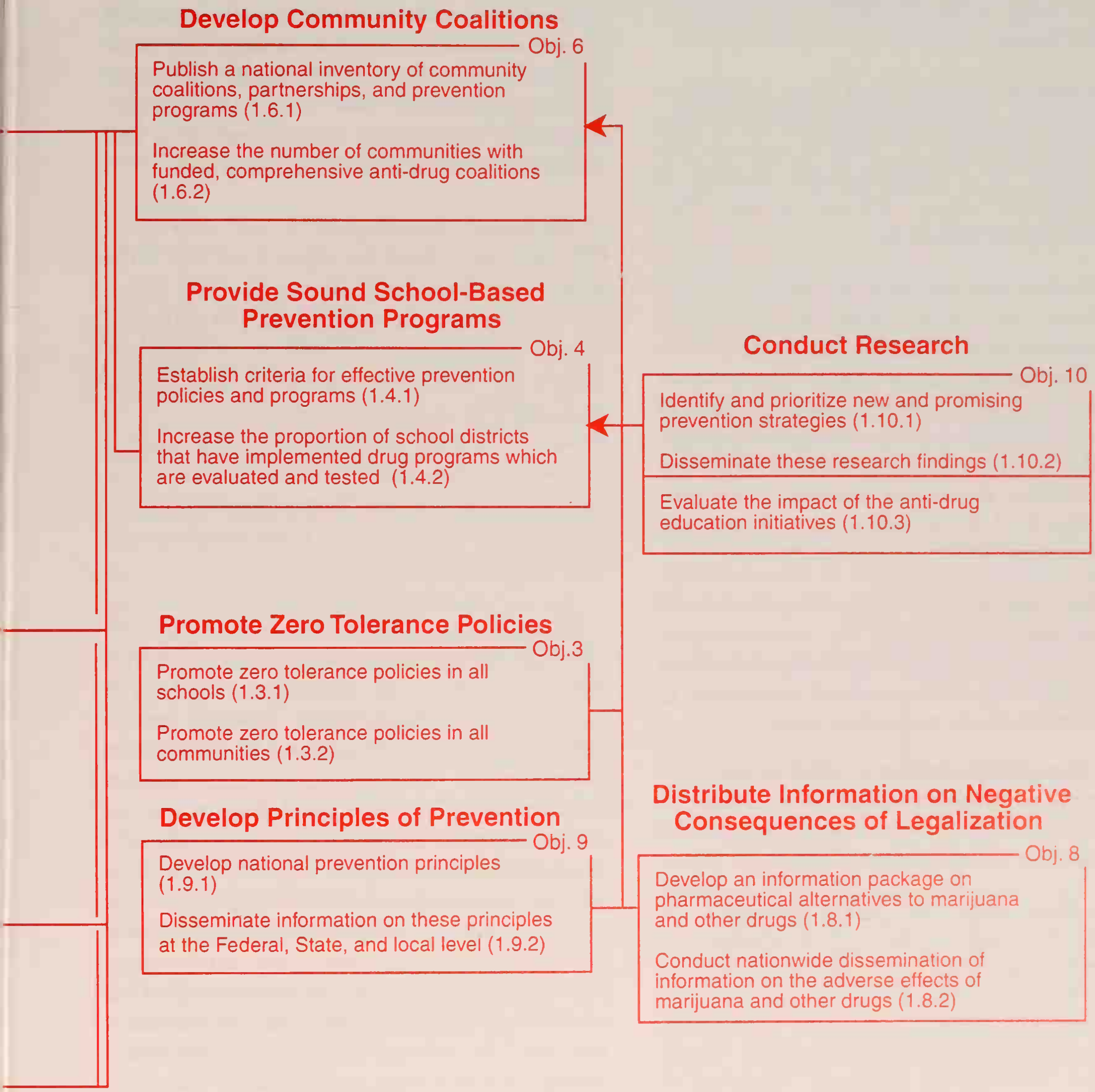
- Under Objective 7: *Engage the Media.* This Objective reveals a plan to create partnerships with the media, the entertainment industry, and professional sports organizations to avoid the glamorization or normalization of drug use (Goal 1, Objective 7, Target 1, denoted 1.7.1). These partnerships will pave the way for an initiative that will double the number of television viewing hours that provide anti-drug messages (1.2.3).

- This, in turn, is expected to increase the percentage of youth who perceive great risk associated with drug use (1.2.1) and the percentage of youth who disapprove of drug use (1.2.2).

- These attitudinal changes are expected to result in corresponding changes in behavior. Specifically, they should serve to increase the average

Figure 8
Relationships Among Prevention Targets of the National Drug Control Strategy


Pursue a Vigorous Media Campaign
Obj. 2
Increase the percentage of youth who perceive drug use as harmful (1.2.1)
Increase the percentage of youth who disapprove of drug use (1.2.2)
Double the number of viewing hours that provide anti-drug messages (1.2.3)
Engage the Media
Obj. 7
Convince media organizations to adopt policies that avoid glamorizing drug use (1.7.1)
Increase the Ability of Adults to Discourage Drug Use
Obj. 1
Increase the proportion of adults who have the capacity to help youth reject drugs (1.1.1)
Increase the proportion of adults who attempt to influence youth to reject illegal drugs (1.1.2)
Reduce the proportion of adults who regard drug use as acceptable (1.1.3)
Increase Mentoring
Obj. 5
Develop a national program for increasing the number of mentors and mentoring organizations (1.5.1)
Increase the proportion of individuals who are willing and able to serve as mentors (1.5.2)
Demand
Reduce the demand for illegal drugs in the United States (Goal 3b)
Reduce the prevalence of drug use among youth (Goal 1a)
Increase the average age of new users (Goal 1b)
Reduce the prevalence of drug use in the workplace (Goal 3c)
Reduce the number of chronic drug users (Goal 3d)
Consequences
Reduce the health and social costs associated with drugs (Goal 3a)
Goal 3 Targets



Develop Community Coalitions

Obj. 6

Publish a national inventory of community coalitions, partnerships, and prevention programs (1.6.1)

Increase the number of communities with funded, comprehensive anti-drug coalitions (1.6.2)

Provide Sound School-Based Prevention Programs

Obj. 4

Establish criteria for effective prevention policies and programs (1.4.1)

Increase the proportion of school districts that have implemented drug programs which are evaluated and tested (1.4.2)

Promote Zero Tolerance Policies

Obj.3

Promote zero tolerance policies in all schools (1.3.1)

Promote zero tolerance policies in all communities (1.3.2)

Develop Principles of Prevention

Obj. 9

Develop national prevention principles (1.9.1)

Disseminate information on these principles at the Federal, State, and local level (1.9.2)

Conduct Research

Obj. 10

Identify and prioritize new and promising prevention strategies (1.10.1)

Disseminate these research findings (1.10.2)

Evaluate the impact of the anti-drug education initiatives (1.10.3)

Distribute Information on Negative Consequences of Legalization

Obj. 8

Develop an information package on pharmaceutical alternatives to marijuana and other drugs (1.8.1)

Conduct nationwide dissemination of information on the adverse effects of marijuana and other drugs (1.8.2) age of new users (Goal 1b, Impact Target), and reduce the prevalence of drug use among youth (Goal 1a, Impact Target). These behavioral changes serve ultimately to reduce the use of illegal drugs in the United States (Goal 3b, Impact Target).

Now consider another causal chain, referring to the supply side example provided in Figure 9. The technology Objective of Goal 4 supports the development of a comprehensive network of sensors that will enhance the effectiveness of our drug interdiction operations.

- Under Objective 4: *Conduct Research and Develop Technology*. The targets constitute the components of an integrated system for detecting the movement of illicit drugs. Once deployed, it will operate at various points of entry in the United States (4.4.1) and throughout the Western Hemisphere (4.4.3). The effort will involve the use of "over-the- horizon" tracking (4.4.4) as well as new "high-risk" technologies (4.4.5).
- Under Objective 1: *Reduce Drug Flow in the Transit and Arrival Zones*. The various components of the sensor lay-down serve to increase the percentage of drugs seized, jettisoned, or destroyed in transit and arrival zones (4.1.1).
- Increasing the percentage of drugs seized, jettisoned, or destroyed in turn serves to reduce the rate of illicit drug flow through transit and arrival zones (Goal 4, Impact Target).

Each target prescribes changes that are to be attained by a certain date. These changes are measured using a fixed set of calculations that are applied to information in one or more specified databases. Appendix D provides a crosswalk between the targets and measures and the various databases that will be employed. Appendix E, Figure E-1, shows the complete logic model for the 5 Goals and 32 Objectives.[3]

Performance Monitoring and Program Evaluation

Performance measurement requires, as a first step, the monitoring of targets for all Strategy Goals and Objectives. Monitoring involves regular, systematic scrutiny of any disparity between target values and actual values for each performance target. The information management system (IMS), currently under development, will provide an electronic tool for tracking each target and potential disparity. It will display each target with its attendant data source and agency responsible for reporting the information as well as relevant details for supporting programs.

Performance measurement is not only about whether or not targets are attained, but why. If the Impact Targets are not being met, the PME system can help identify the problems so that corrective actions may be taken. Corrective actions may include the reallocation of Federal drug control resources from programs of lesser effectiveness to those of greater effectiveness. Monitoring individual targets, alone, may not indicate causal factors. Monitoring the Strategy's progress often will require examining the relationships among various components of the plan.

When Impact Targets are not being met, ONDCP will move into the analysis phase with relevant agencies to undertake an in-depth examination of causal factors. This will involve identifying those factors that may be contributing to the problem. For instance, one might find that the expected reduction in youth drug use was not achieved because Objective 7 on media efforts to avoid glamorizing drug use and Objective 5 on lifestyle mentoring were key causal factors that were not achieved. Such a finding might be based on tracking the outcomes and intermediate outcomes for each supporting Objective or on model-based analyses to shed light on the causal structure.[4] To account for multiple relationships among various known and unknown factors, a formal approach requiring mathematical modeling of the relationships between the targets of supporting Objectives (such as youth attitudes toward drug use and the extent of mentoring) and the Impact Target (prevalence of youth drug use) will be used, particularly when there is enough empirical evidence about the nature of those relationships.

Tracking by itself will not provide sufficient guidance for corrective action. Such analyses also will assist in the identification of factors not incorporated into any of the Objectives. For instance, intervening factors (e.g., poverty and domestic violence) may affect youth drug use and yet not be addressed in the supporting Objectives. If the model indicates sufficient causal strength for such factors, reflecting inadequate intervention tactics, modification of the Strategy may be necessary.[5]

Another line of inquiry involves identifying the programmatic reasons why a particular Objective is not being met. This question might logically flow from seeking causes for not achieving Goals or it might be important in and of itself. For example, assessing the Breaking the Cycle Program (Goal 2, Objective 5) might be of interest to various stakeholders whether or not the associated targets are being met.

Because objectives are tactical efforts to enable the achievement of the Goals, performance targets for the Objectives may be more likely to be achieved than the Impact Targets for the Goals. To pinpoint reasons for nonachievement, ONDCP will examine the underlying logic behind the performance target—the interrelated set of programs undertaken by Federal drug control agencies and our State, local, foreign, and private sector partners.

Program evaluations will seek to determine why specific performance targets are not being met. These in-depth evaluations will examine whether the problems are caused by:

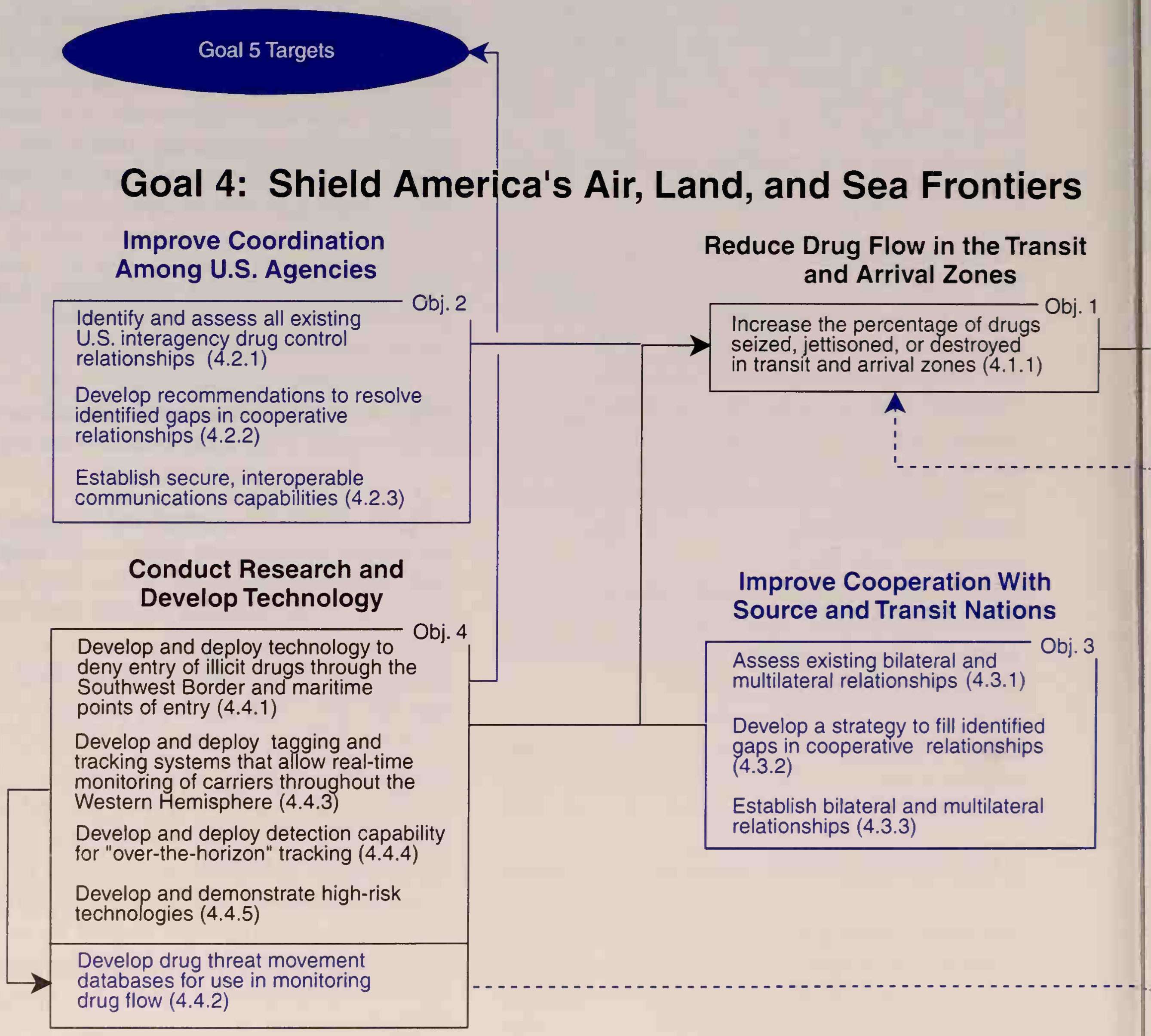
- Problems in the underlying logic model that posits causal links between program activities and results;
- Unrealistic targets or poor measures for the targets;
- Incorrect assumptions, such as assuming community and school acceptance of zero tolerance policies will significantly affect youth use of illegal drugs;
- Poor program management;
- External factors outside the control of the agencies that have not been addressed; and
- Inadequate or inefficient use of resources by all parties responsible for drug control programming.

Such program evaluations will entail in-depth studies by ONDCP and relevant interagency working groups in situations where trend data indicate that an Objective is not being met. Using monitoring to select those programs that will be evaluated will conserve valuable resources for the most critical cases. These studies will require program-specific data on the full spectrum of performance issues and measures—inputs, processes, outputs, and most importantly, the underlying causal model including key assumptions. Often this logic model, connecting inputs to outcomes, has not been explicitly reasoned out or tested.

In some cases, special assessments of specific initiatives such as the Andean Initiative, specific functions such as Border Patrols, or specific programs such as Break the Cycle, may be undertaken as a result of perceived inadequacies or at the request of the stakeholders or management.

Finally, ONDCP may undertake special studies of agency programs or policies in support of performance measurement. These special studies would be joint undertakings by ONDCP and interagency working groups, with the former ensuring proper focus and appropriate methodology and the latter ensuring the participation of key agencies and decisionmakers. Working groups would also provide program/initiative/policy specific details required for such in-depth studies. Special ONDCP studies would build on studies conducted by individual agencies and would cut across departmental and intergovernmental lines to ensure a national drug control focus. These cross-cutting studies could be expensive; hence they will be designed to capture data that are not available through currently existing surveys and studies and will be conducted only when such data gaps are identified.

Figure 9
Relationships Among Interdiction Targets of the National Drug Control Strategy



Goal 4: Shield America's Air, Land, and Sea Frontiers

Improve Coordination Among U.S. Agencies

Identify and assess all existing U.S. interagency drug control relationships (4.2.1)

Develop recommendations to resolve identified gaps in cooperative relationships (4.2.2)

Establish secure, interoperable communications capabilities (4.2.3)

Reduce Drug Flow in the Transit and Arrival Zones

Increase the percentage of drugs seized, jettisoned, or destroyed in transit and arrival zones (4.1.1)

Conduct Research and Develop Technology

Develop and deploy technology to deny entry of illicit drugs through the Southwest Border and maritime points of entry (4.4.1)

Develop and deploy tagging and tracking systems that allow real-time monitoring of carriers throughout the Western Hemisphere (4.4.3)

Develop and deploy detection capability for "over-the-horizon" tracking (4.4.4)

Develop and demonstrate high-risk technologies (4.4.5)

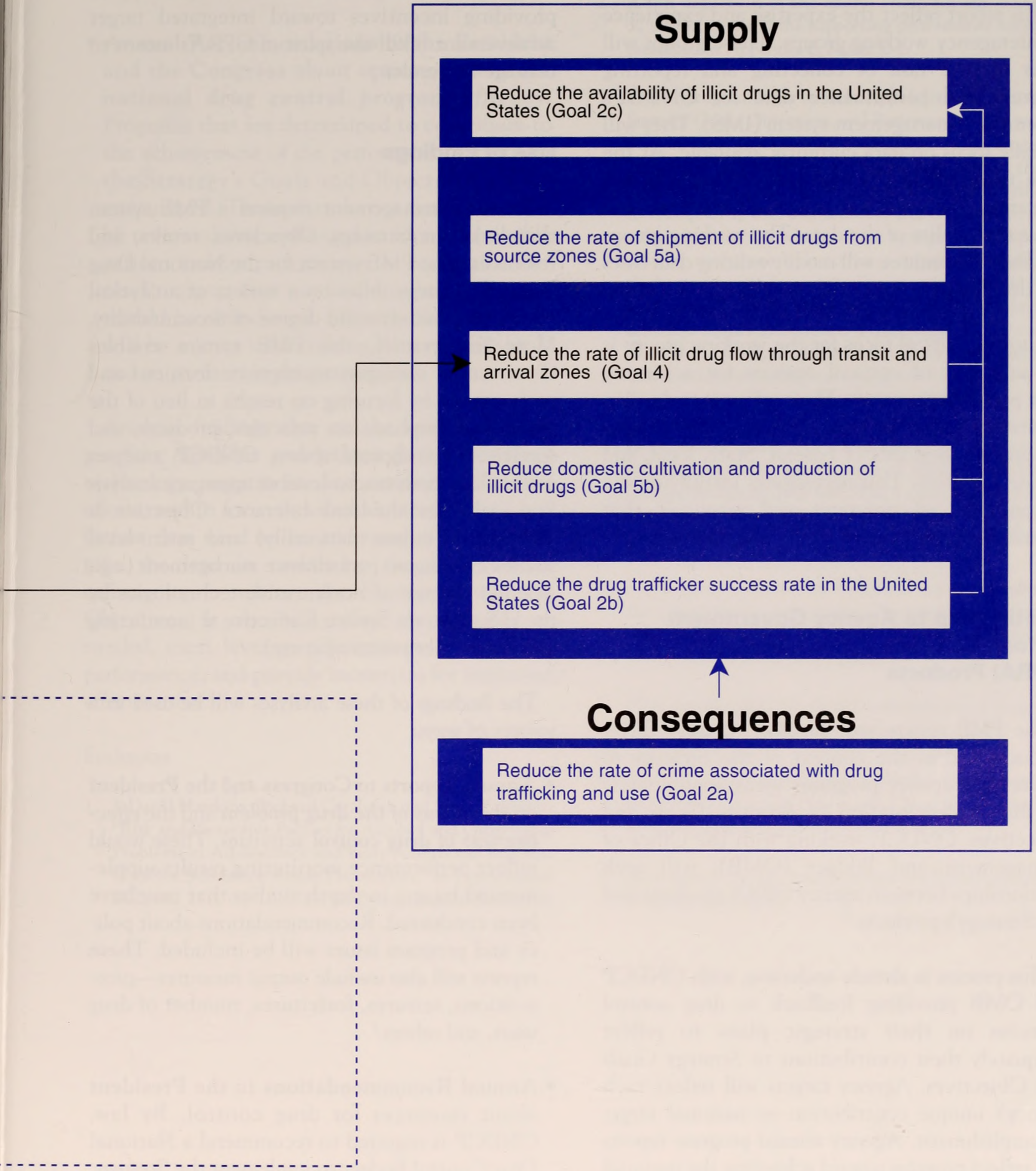
Develop drug threat movement databases for use in monitoring drug flow (4.4.2)

Improve Cooperation With Source and Transit Nations

Assess existing bilateral and multilateral relationships (4.3.1)

Develop a strategy to fill identified gaps in cooperative relationships (4.3.2)

Establish bilateral and multilateral relationships (4.3.3)



Supply

Reduce the availability of illicit drugs in the United States (Goal 2c)

Reduce the rate of shipment of illicit drugs from source zones (Goal 5a)

Reduce the rate of illicit drug flow through transit and arrival zones (Goal 4)

Reduce domestic cultivation and production of illicit drugs (Goal 5b)

Reduce the drug trafficker success rate in the United States (Goal 2b)

Consequences

Reduce the rate of crime associated with drug trafficking and use (Goal 2a)

The Role of Working Groups

The performance targets and measures identified in this report reflect the expertise and experience of interagency working groups. These groups will focus on the task of collecting and reporting program and performance data for ONDCP's information management system (IMS). They will initially focus on data currently available. At the same time, ONDCP's interagency Drug Control Research, Data and Evaluation Committee will assess the quality of the data. The working groups and Data Committee will modify existing data bases and develop new ones to support the PME system.

Another critical focus for the working groups is the selection of optimal options for achieving each performance target. Their intent is to develop recommendations for the most cost-effective ways utilizing the best mix of Federal, State, local, and private resources. This necessitates identifying the current mix of programs and resources that contribute to each target.

Relationship to Agency Government Performance and Results Act (GPRA) Products

The PME system will consider agency GPRA products within the context of the Strategy to ensure that agency programs focus appropriately on the implementation of Strategy Goals and Objectives. ONDCP, working with the Office of Management and Budget (OMB), will seek relationships between agency GPRA products and the Strategy's products.[6]

This process is already underway, with ONDCP and OMB providing feedback to drug control agencies on their strategic plans to reflect adequately their contributions to Strategy Goals and Objectives. Agency targets will reflect each agency's unique contribution to national target accomplishment. Agency annual progress reports will reflect progress toward achieving the national targets. Agencies will be able to draw upon this performance measurement system in formulating their annual performance plans and progress reports required under GPRA.

Finally, ONDCP efforts in mobilizing the drug control community, assessing progress, taking the initiative to break down identified barriers, and providing incentives toward integrated target achievement fulfill the spirit of GPRA's intent to manage for results.

Use of Findings

Effective management requires a PME system that links the Strategy, Objectives, results, and resources. The PME system for the National Drug Control Strategy relies on a variety of analytical efforts to establish some degree of accountability. More importantly, the PME system enables Government managers to improve decisions and performance by focusing on results in lieu of the traditional emphasis on activities, products, and services. As indicated above, ONDCP analyses will include both macro-level or aggregate analysis (e.g., whether the zero tolerance Objective is meeting its targets nationally) and micro-level studies focusing on performance management (e.g., whether the use of nonintrusive technologies by the U.S. Customs Service is effective at interdicting drugs at border points of entry).

The findings of these analyses will be used in a variety of ways:

- **Annual Reports to Congress and the President** on the ***status of the drug problem*** and the ***effectiveness of drug control*** activities. These would reflect performance monitoring results supplemented by any in-depth studies that may have been conducted. Recommendations about policy and program issues will be included. These reports will also include output measures—prosecutions, seizures, forfeitures, number of drug users, and others.[7]
- **Annual Recommendations to the President** about resources for drug control. By law, ONDCP is required to recommend a National Drug Control Budget to implement the Strategy. Performance data will be a factor in making recommendations regarding resource allocations. Performance findings also will assist reprogramming decisions and budget certification

procedures. Additionally, ONDCP's annual reports will help OMB assess other agencies' reports that are related to drug control.

- **Annual Recommendations to the President and the Congress** about options to ***improve national drug control program efficacy.*** Programs that are determined to contribute to the achievement of the performance targets for the Strategy's Goals and Objectives will be encouraged. Those that do not contribute will be reviewed and evaluated to identify possible actions to raise performance to acceptable levels. Programs that are found to be ineffective should be abandoned. Efficacy determination will be a joint undertaking between ONDCP and its partners in drug control.

Analysis findings also can be used to inform program direction and planning, staff training, technology investment, and resource allocation efforts, and to focus stakeholder attention on key factors that need to be addressed. ONDCP will take the lead in mobilizing the drug control community to achieve the Strategy Goals and Objectives. It also will refine the Strategy as needed, exert leverage to overcome obstacles to performance, and provide incentives for improved effectiveness.

Endnotes

1. J. David Hawkins, Richard Catalano, and Janet Y. Miller, "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention," in *Psychological Bulletin*, 112: 64-105, Social Development Research Group, School of Social Work, University of Washington (1992).

2. A full depiction of the causal chain for the 5 Goals, 32 Objectives, and the supporting performance targets is presented in Appendix E, Figure E-1.

3. The conceptual logic model (Appendix E), connecting Strategy Goals, Objectives, and Performance Targets, was derived through extensive consultation with drug program experts. The model is a first approximation that is based on current research, drug programs and their efficacy to reduce drug use, availability, and consequences. It reflects current knowledge about how programs are supposed to contribute to outcomes or outputs. Incorporating the key axioms of drug control programs, the model has a reasonable degree of plausibility and validity. But lacking sufficient empirical evidence, it does not provide information on the strength of the causal factors affecting drug use, availability, and consequences. The model is not determinative. For instance, although the model indicates the effect of youth attitudes on drug use, it does not identify how much youth attitudes (e.g., disapproval) would have to change in order to effect a significant change in actual drug use. The causal model will be refined as its causal linkages are challenged by the performance target data.

4. Intermediate outcomes are defined as key steps leading to the achievement of outcomes. These are also characterized by some change in behavior or procedures of a non-Federal Agency or the public.

5. This analysis will include the contribution of programs and resources of non-Federal partners.

6. ONDCP's own Strategic Plan and other GPRA products will reflect Strategy Goals and Objectives as well as ONDCP activities to facilitate this mission.

7. As required in the Administration's Reauthorization Proposal for ONDCP.

IV: Conclusion

Accountability in government is no longer an option—the public expects results-oriented government. Federal Government-wide legislation such as GPRA and Executive initiatives such as the National Performance Review are complemented by long-standing State and local efforts in performance budgeting spurred by shrinking resources. Drug control program managers are increasingly seeking ways to manage for results. To focus on exemplary performance and the ultimate end states to be achieved, the drug control community must have visionary Goals, supporting Objectives, and meaningful performance targets.

The Strategy is a comprehensive, balanced approach to reduce drug use, availability, and consequences. This report describes how the performance of the Strategy and the agencies that implement it will be assessed. The Strategy has established 5 Goals and 32 Objectives around which drug control programs, activities, and resources must coalesce. This document identifies performance targets and measures for each of these Goals and Objectives. Monitoring progress toward these targets and evaluating critical programs form the heart of the National Drug Control PME system.

This system of performance measures represents an ambitious and aggressive undertaking to introduce accountability and to assess the performance of this Nation's drug control efforts. It provides a systems approach to assess the efficacy of all Federal and non-Federal drug control agency programs to achieve the Strategy's Goals and Objectives. Twelve Impact Targets provide the bull's eye for every Department, Agency, and organization contributing to national drug control efforts.

The PME system is balanced in its representation of supply reduction and demand reduction impacts, and it is focused on reducing the consequences of drug use. The Impact Targets for the years 2002 and 2007 have been shaped by the judgments of subject-area experts inside and outside of Government. These targets reflect normative end states—that is, they define what is to be achieved from an ambitious and aggressive effort to solve the Nation's drug problem:

- *Reduction of the overall rate of drug use by half*. This implies a rate of overall drug use in 2007 of 3.1 percent. When achieved, this will mark the lowest rate of drug use since the United States first began tracking rates of drug use. For youth, a similar target would reduce the rate of drug use by half, from 9.0 percent today to 4.5 percent in 2007. Likewise, this target rate for youth would be the lowest since the inception of record keeping on drug use.

- *Reduction of the amount of illicit drugs available for consumption by half by 2007*. This target is independently applied to cocaine, heroin, marijuana, methamphetamine, and other drugs.

- *Reduction of the consequences associated with drugs, as measured by health and social costs, by one-quarter by 2007. In addition, in the area of drug-related crime, the target is a 30-percent reduction*. This end state is influenced by more factors than drug use and availability, including the needs of an aging cohort of current chronic users and the expected progression of existing pathologies.

ONDCP proposes these targets and this performance measurement system for the public's consideration. The support of authorizations and appropriations committees, especially those with jurisdiction over Federal drug control agencies, is critical in ensuring the success of the Strategy. ONDCP will monitor progress toward the accomplishment of each Goal, Objective, and performance target. Progress in achieving the 12 Impact Targets will reflect the overall efficacy of the Strategy. The underlying logic model will improve our ability to identify problematic areas and ineffective programs. Based on this PME system, ONDCP will report annually to Congress on the national drug community's progress in achieving Strategy Goals and Objectives.

Next steps include developing selected components of the measurement system. Data collection protocols will need to be standardized across State and local agencies to enable aggregation of data to reflect national trends. Our State and local government partners and private sector entities involved in drug control will be consulted closely on the need to standardize data collection protocols. Methods to synthesize available data from various sources will be devised. Most importantly, drug control agencies will need to coordinate their activities and resources to achieve the Strategy's Goals and Objectives.

The Strategy seeks aggressive public policy targets to significantly reduce drug use, availability, and consequences. These policy targets require a national commitment. Effective programs must be supported while ineffective programs are modified or abandoned. Resources must be used efficiently if these performance targets—our vision for the Nation a decade from now—are to be realized.

Appendix A: Plausibility of the Impact Targets

This appendix examines whether the 12 Impact Targets are credible, sound, and plausible. Their credibility, originally established by the interagency process, was strengthened by subsequent review and modification by drug control experts and practitioners. Their soundness or plausibility is generally ascertained by the extent to which they are based on previous history: they require one to answer the question, "do historical data give us confidence that these targets are likely to be achieved?" This appendix examines this issue.

Performance targets need to incorporate the notion of "stretch goals" as recommended by the General Accounting Office, the National Academy of Public Administration, and performance measurement experts. Stretch goals, critical for organizational motivation, challenge us to eschew mere incremental change in favor of "reinventing" the way we do business. Stretch goals require us to do more than "maintain" our current rate of progress: they require us to "improve" upon it. It is then that the targets become "visionary targets." Nonetheless, because they were based initially on trend data and research findings, the Impact Targets also are "plausible;" that is, there is arguably a reasonable probability that, with integrated effort and commitment, they can be achieved.

This appendix examines the plausibility of the Impact Targets proposed for the Performance Measures of Effectiveness (PME) System by using the most current data when available, and by illustration when information is incomplete. Specific Impact Targets are reviewed in light of existing data, calculations, or underlying assumptions that provide some indication of the attainability of the proposed targets. This appendix also includes historical material and population projections whenever possible to anchor the targets to plausible scenarios.

Drug Use Projections to 2007. When 5- and 10-year targets are translated to population estimates, it is necessary to take into account the changes that are expected to occur in the affected populations. Typically, these changes involve growth, such as projected increases in the general population and in specific population segments, which in combination with rates of use, will determine these estimates. Table A-1 illustrates these calculations. The main components of Table A-1 are age-specific rates of past month drug use as reported in the 1996 National Household Survey on Drug Abuse (NHSDA or the Household Survey) from the Substance Abuse and Mental Health Services Administration (SAMHSA)[1] and age-specific projected resident populations for 2002 and 2007.[2] This example uses a single measure, past month use of any illicit drug. Alternative measures, such as specific drug-based measures would show similar decline patterns using the same projection process.

In 2007, the population aged 12 and older is expected to reach 261 million. If the rate of past month (current) drug use does not change from the 6.1-percent rate observed in 1996, the

Table A-1 **To reduce drug use in half by 2007 requires that 8 million of the projected 16 million users should not be using drugs (Past Month Use of Any Illicit Drug)**

AGE GROUP	1996[1]			2002					2007				
	Estimated HH pop (000s)	Rate of Past Month Use	Estimated Number of Users (000s)	Projected Population (000s)[2]	Projected Users at 1996 Rate (000s)	Target Rate[3]	Target Number of Users (000s)	Required Reduction in Users (000s)	Projected Population (000s)[2]	Projected Users at 1996 Rate (000s)	Target Rate[4]	Target Number of Users (000s)	Required Reduction in Users (000s)[5]
12–17	22,512	9.0	2,031	24,366	2,193	7.2	1,754	439	25,508	2,296	4.5	1,148	1,148
12–13		2.2		8,275	182	1.8	146	36	8,179	180	1.1	90	90
14–15		8.8		8,017	705	7.0	564	141	8,516	749	4.4	375	375
16–17		15.6		8,074	1,260	12.5	1,008	252	8,813	1,375	7.8	687	687
18–25	27,796	15.6	4,332	30,760	4,799	11.7	3,599	1,200	32,769	5,112	7.8	2,556	2,556
26–34	35,474	8.4	2,979	32,990	2,771	6.3	2,078	693	32,659	2,743	4.2	1,372	1,372
>=35	128,265	2.9	3,693	144,112	4,179	2.2	3,134	1,045	152,863	4,433	1.5	2,217	2,217
Total	214,047	6.1	13,035	248,319	15,147	4.6	11,361	3,787	261,128	15,929	3.1	7,964	7,964

[1] All 1996 figures are from: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse*. Rockville, MD. July 1997.

[2] Middle Series projections from: U.S. Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*. Current Population Reports P25-1130. U.S. Government Printing Office, Washington, DC. February 1996. Note that Census projects the *resident* population which includes both household and non-household populations.

[3] Target rate for 2002 is 25 percent of 1996 rate, except for those aged 12-17 (20 percent).

[4] Target rate for 2007 is 50 percent of 1996 rate.

[5] Cumulative reduction to attain target for 2007.

projected number of current users in 2007 is 15.9 million. The Impact Target of reducing current drug use in half relative to 1996—to 3.1 percent requires that a total of 8 million of these projected users should not be using drugs (see Figure A-1). This reduction will consist of individuals discontinuing use as well as those prevented from initiating use (who would otherwise have continued to use or initiated use under 1996 conditions). The same calculation process[3] is used to establish mid-term estimates for the year 2002, when the proposed target rate for current drug use is 75 percent of the 1996 rate, or 4.6 percent.

Of the required reduction of 8 million projected users in 2007, 1.1 million are expected to come from the youngest (12-17 years) age group. An additional 5.5 million will be persons who can be reached through the workforce (see Figure A-2): full- and part-time workers and those seeking work (from Table A-2 below). Of the target reduction of 8 million projected users, the vast majority (6.6 million) can be reached through major institutions such as schools and the workplace. These data suggest that program efforts will need to focus on specific groups, such as the youth and the workforce, in order to achieve the overall reduction targets. Rates of reduction for specific population subgroups need not be uniform, since some subgroups may be more or less receptive to interventions. These variations will need to be considered in the implementation and refinement of prevention and other intervention programs.

Caveats: The Bureau of the Census forecasts the resident population of the United States. While the Household Survey encompasses the majority of residents, the estimated household population reported in the 1996 Household Survey is lower than the 1996 Census projection for the resident population. According to the Census definition, the household population is a subset of the resident population that excludes people living in group quarters, more specifically defined as nine or more people living together who are unrelated to the householder.[4] The Household Survey does, however, include a segment of residents of noninstitutional group quarters, such as shelters, rooming houses, and dormitories. Excluded from the NHSDA are residents of institutional group quarters such as jails and hospitals, the homeless who never use shelters, and active military personnel living in group quarters.[5] Thus, the difference between the "household population" reported in the Household Survey and the resident population is accounted for by residents of institutions and "hidden" or hard-to-reach subpopulations. Drug use rates among the components excluded from the household survey vary. Inpatients in hospitals and nursing homes and active duty military

Figure A-1 **Total Demand Reduction Targets**

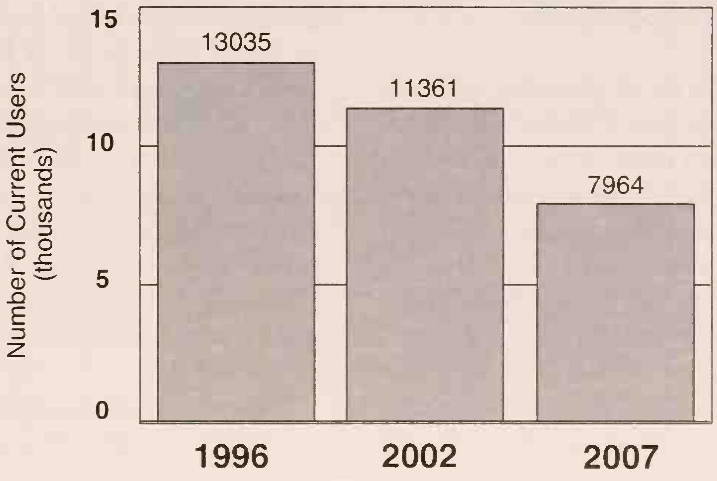
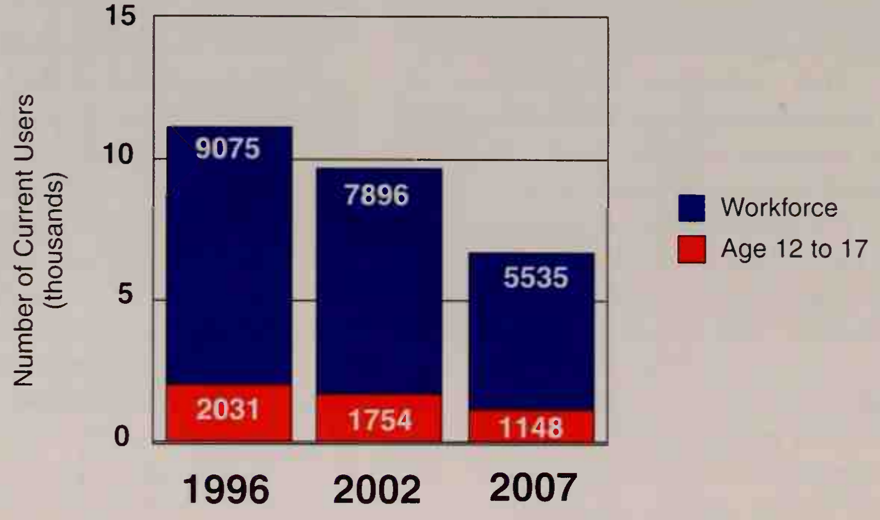


Figure A-2 **Youth and Workforce Demand Reduction Targets**



personnel may be more similar to the household population, whereas inmates of prisons and jails and the homeless have higher drug use rates.

For purposes of drug use estimation, using the household-based rates on the entire resident population will yield a conservative estimate for the resident population. This is due, in part, to a tendency to underreport chronic drug use in a household setting using a self-report methodology.[6] In addition, the exclusion of the "hidden" population of homeless and other heavy drug users also contributes to a conservative total estimate for the resident population.[7] Thus, *rates* derived from household-based measurements are lower than what prevails in the entire population.

However, keeping in mind that the tracking measure available at this time is household-based, the projected *numbers* of users (which is resident population-based) are slightly larger than what we will be able to measure with a household-based methodology. In effect, until such time that we can reliably measure drug use among both household and non-household residents, the projected numbers of users in these illustrations will be slightly larger than what will be observed using the Household Survey. (Refinements to the methodology of estimating chronic use are being tested. ONDCP also is continuing to work with the Bureau of the Census on obtaining more specific projections of the household population so that the estimates can be further refined.)

Workforce Projections. Similar to the process outlined for Table A-1 above, the main components of Table A-2 are rates of past month drug use for categories of employment status within each age group as reported in the 1996 Household Survey and age-specific projected resident populations for 2002 and 2007.

First, the proportionate distribution of employment status within each age group as observed in 1996 was applied to 2002 and 2007 projections. Age group totals are found in Table A-1. For example, in 1996 (Table A-2), 47 percent of the age group 18–25 was employed full-time, 23 percent part-time, and 8 percent looking for work[8] ("Other" and "Unknown" economic statuses are not shown in this table since these are not part of the workforce). Applying these proportions to the 2002 projected number of persons aged 18–25 (24.4 million) yields about 14.6 million employed full-time, 7 million part-time, and 2.5 million looking for work.

Second, projected numbers of past month users were calculated for 2002 and 2007 applying 1996 rates, under the assumption that 1996 use rates continue to prevail.

Table A-2 **To reduce drug use in the workforce by half in 2007 means that 5.5 million workers employed full- or part-time, or actively seeking work, will have to stop drug use (Past Month Use of Any Illicit Drug)**

AGE GROUP/ ECONOMIC ACTIVITY	1996				2002					2007				
	Estimated HH pop (000s)[1]	Percent of Age Group	Rate of Past Month Use[1]	Estimated Number of Users (000s)[1]	Projected Population (000s)[2]	Projected Users at 1996 Rate (000s)	Target Rate[3]	Target Number of Users (000s)	Required Reduction in Users (000s)	Projected Population (000s)[2]	Projected Users at 1996 Rate (000s)	Target Rate[4]	Target Number of Users (000s)	Required Reduction in Users (000s)[5]
18–25														
Full-time	13,179	47.4	15.5	2,043	14,584	2,261	11.6	1,695	565	15,537	2,408	7.8	1,204	1,204
Part-time	6,417	23.1	14.3	918	7,101	1,015	10.7	762	254	7,565	1,082	7.2	541	541
Unemployed	2,227	8.0	25.9	577	2,464	638	19.4	479	160	2,625	680	13.0	340	340
26–34														
Full-time	24,308	68.5	7.9	1,920	22,606	1,786	5.9	1,339	446	22,379	1,768	4.0	884	884
Part-time	3,705	10.4	8.6	319	3,446	296	6.5	222	74	3,411	293	4.3	147	147
Unemployed	1,863	5.3	18.1	337	1,733	314	13.6	235	78	1,715	310	9.1	155	155
>=35														
Full-time	61,596	48.0	3.6	2,217	69,206	2,491	2.7	1,869	623	73,409	2,643	1.8	1,321	1,321
Part-time	11,953	9.3	5.6	669	13,430	752	4.2	564	188	14,245	798	2.8	399	399
Unemployed	4,179	3.3	2.9	121	4,695	136	2.2	102	34	4,980	144	1.5	72	72
Total														
Full-time	99,083	46.3	6.2	6,143	114,948	7,127	4.7	5,345	1,782	120,877	7,494	3.1	3,747	3,747
Part-time	22,075	10.3	8.6	1,898	25,610	2,202	6.5	1,652	551	26,931	2,316	4.3	1,158	1,158
Unemployed	8,269	3.9	12.5	1,034	9,593	1,199	9.4	899	300	10,088	1,261	6.3	630	630
				Total=9.075 m					Total=2.633 m					Total=5.535 m

[1] Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse.* Rockville, MD. July 1997.

[2] Age group totals are Middle Series projections from the Census Bureau (U.S. Bureau of the Census. *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050.* Current Population Reports P25-1130. U.S. Government Printing Office, Washington, DC. February 1996). Numbers for each employment category within age groups are interpolated assuming the 1996 proportionate distributions from NHSDA.

[3] Target rate for 2002 is 25 percent of 1996 rate.

[4] Target rate for 2007 is 50 percent of 1996 rate.

[5] Cumulative reduction to attain target for 2007.

Third, rates of past month use for each employment category derived from 1996 Household Survey results were adjusted according to the proposed targets. For each subgroup, the 2002 target rate is 75 percent of 1996, and the 2007 target is 50 percent of 1996. Estimated numbers of users under this assumption were calculated.

Finally, the target numbers were compared with the expected numbers if 1996 rates did not change to arrive at the required reductions to meet targets. These calculations yield a required reduction of 5.5 million projected users who would not be using drugs, in order to attain the targets for the year 2007. This segment—two-thirds of the total reduction in projected users—can and will be reached through workforce-focused program interventions.

Historical Data. The 50-percent reduction in the rate of current drug use means that 8 million projected users should not be using drugs by 2007 (from Table A-1). This represents a lot of Americans, equivalent to the population of the entire State of New Jersey and larger than the populations of many States.[9] The issue is whether historical evidence supports this ambitious undertaking. The data indicate a qualified "yes." Table A-3 presents data from a 3-year period, between 1985 and 1988, when a decline of 8.1 million in actual users was observed. However, the target rate of 3.1 percent has never been attained. The estimated number of current drug users dropped by about one-third, from 23.3 million in 1985 to 15.2 million in 1988. This 3-year decline occurred at a time when drug use rates were much higher than they are now.

In the next 5 years following this period, between 1988 and 1993 (Table A-4), a more modest drop (2.9 million users) was observed. These data suggest that when the rates of use and numbers of users are lower, major declines such as those observed in 1985–88 take longer and require more effort to achieve and sustain. A portion of today's users are "survivors" from the mid-80s and are likely to be more resistant to change.

Table A-3 **Between 1985 and 1988, the largest historical 3-year decline, by 8.1 million users, was observed (Past Month Use of Any Illicit Drug)**

	1985			1988			3-Year Change	
AGE GROUP	Estimated HH pop (000s)[1]	Rate of Past month use[1]	Estimated Number of Users (000s)[1]	Estimated HH pop (000s)[1]	Rate of Past month use[1]	Estimated Number of Users (000s)[1]	Number (000s)	Percent
12–17	21,558	13.2	2,847	20,250	8.1	1,649	-1,198	-42.1
18–25	31,601	25.3	7,980	29,688	17.9	5,315	-2,665	-33.4
26–34	36,477	23.1	8,411	38,570	14.7	5,666	-2,745	-32.6
>=35	102,969	3.9	4,034	109,839	2.3	2,562	-1,472	-36.5
Total	192,605	12.1	23,272	198,347	7.7	15,192	-8,080	-34.7

[1] Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse.* Rockville, MD. July 1997.

Table A-4 **Between 1988 and 1993, drug use declined by about 3 million users (Past Month Use of Any Illicit Drug)**

AGE GROUP	1988			1993			5-Year Change	
	Estimated HH pop (000s)[1]	Rate of Past month use[1]	Estimated Number of Users (000s)[1]	Estimated HH pop (000s)[1]	Rate of Past month use[1]	Estimated Number of Users (000s)[1]	Number (000s)	Percent
12–17	20,250	8.1	1,649	21,224	5.7	1,199	-450	-27.3
18–25	29,688	17.9	5,315	28,327	13.6	3,861	-1,454	-27.4
26–34	38,570	14.7	5,666	37194	9.5	3,551	-2,115	-37.3
>=35	109,839	2.3	2,562	120,453	3.0	3,644	1,082	42.2
Total	198,347	7.7	15,192	207,199	5.9	12,256	-2,936	-19.3

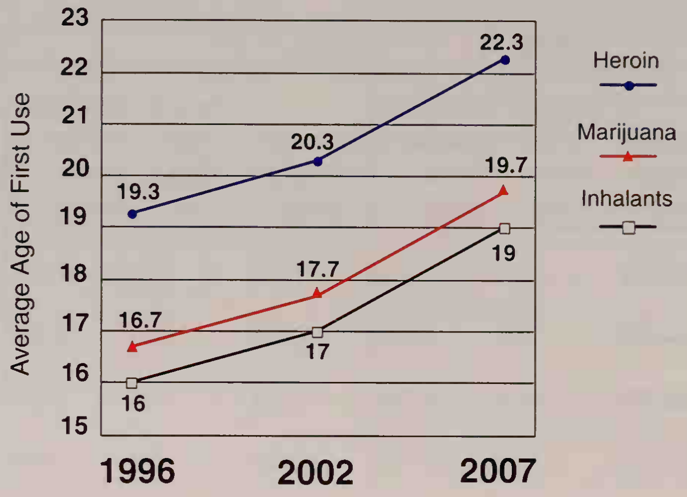
[1] Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results from the 1996 National Household Survey on Drug Abuse.* Rockville, MD. July 1997.

While recent historical data show that a drop of 8 million in the *number* of current drug users has occurred before, *rates* of current drug use in America have never been measured to be as low as the 2007 target rate of 3.1 percent. The Impact Target reduction in drug use rates of 50 percent is proposed with a 10-year time horizon precisely because it will require more effort as well as more time to attain such historic low rates in the face of a drug using population that includes the less tractable segments persisting in their drug use despite the dramatic declines of the 1980s. The Administration's Media Campaign and other prevention program initiatives are designed to prevent young people from joining the ranks of current users. A massive and sustained two-pronged strategy of preventing initiation of use among potential new users and of enabling cessation of use among current users will be required to reach this target by 2007.

Average Age of Initiation. Figure A-3 shows targets for mean age at first use of selected illicit drugs. The target for 2002 is to delay (increase) average age at first use by 12 months from the 1996 mean and by 36 months in the year 2007. Targets for marijuana, heroin, and inhalants are plotted for purposes of illustration. Marijuana, the drug that accounts for the largest proportion of illicit drug use, provides a more detailed example, shown on Table A-5. Data for 1996 will not be available until next year, so for this exercise, it is assumed to be age 16.7 years or 200 months, unchanged from 1995. The intermediate goal of 17.7 years was last observed in 1992, while the 2007 target of 19.7 years was last achieved in 1986. While these target average ages of initiation have been attained in the past, this measure has been seen to change by as much as 30 months and as little as zero months from year to year,[10] with the last improvement observed between 1991 and 1992. Age of initiation for specific drugs other than marijuana, inhalants, and heroin can also be calculated, as could a composite age of initiation for any drug use, with similar target delays in age at initiation.

Chronic Drug Use. There is no single comprehensive measure of chronic drug use at this time.

Figure A-3 **Age of Initiation Targets**



One study estimates the number of chronic users at 3.6 million for cocaine and 810,000 for heroin in 1995.[11] Because there is substantial overlap between chronic users of cocaine and chronic users of heroin, these separate counts cannot be summed to arrive at a total estimate. By this estimation, there are at least 3.6 million chronic users (if all the chronic heroin users also are chronic cocaine users). Assuming an overlap in these populations of 70 percent (that is, 30 percent of the estimated chronic heroin users are *not* also chronic cocaine users), the estimated range of chronic users is between 3.6 and 3.8 million.

Another comprehensive attempt to measure chronic drug use, developed by SAMHSA using a combination of the Household Survey drug use data with treatment and arrest data, estimates that there were more than 3.6 million persons in 1994 who experienced drug problems of a severity that made them prime candidates for treatment.[12] While this measure of chronic drug use is not equivalent to "hard core" drug use, it can be considered a conservative estimate that is subject to revision as better methods of measuring chronic drug use are developed and implemented.

Using 3.6 million as the number of chronic users for the time being, the target of a 20-percent reduction by 2002 translates to 2.9 million chronic users. By 2007, the target of a 50-percent reduction relative to 1996 translates to 1.8 million chronic users.

Measurement of chronic drug use is still inadequate. As noted earlier, the Household Survey does not adequately measure chronic drug use, nor does it include a significant portion of the homeless and other "hidden" populations,[13] who are known to account for a disproportionate share of chronic drug users. ONDCP currently is developing better estimates of the population of "hard core" drug users and recently completed a pilot study testing a new methodology and focusing on a single local jurisdiction (Cook County, Illinois).[14] As these measures are refined and national estimates are developed, the proposed targets will translate to more valid and accurate estimates of chronic drug users. As long as comparable estimates for the benchmark year (1996) are developed along with the new measures, the targets can be tracked accurately.

Supply Reduction Targets. The Impact Targets for drug supply reduction are inherently interdependent, and can be visualized as components of a system of flow. Taking foreign production as our example, plant products are processed, a portion of the commodity is shipped through transit zones, some of this eventually arrives in the United

Table A-5 **Increasing average age of initiation to the year 2007 target means that the peak ages observed in 1984 and 1986 must be attained (Mean age at First use of Marijuana)**

YEAR	Mean Age[1]	Age in Months	Change from Previous Year	Target Age[2]
1980	18.7	224		
1981	17.5	210	-14	
1982	17.7	212	2	
1983	17.6	211	-1	
1984	19.7	236	25	
1985	17.5	210	-26	
1986	20.1	241	31	
1987	17.6	211	-30	
1988	17.3	208	-4	
1989	17.5	210	2	
1990	17.3	208	-2	
1991	17.1	205	-2	
1992	17.8	214	8	
1993	16.9	203	-11	
1994	16.7	200	-2	
1995	16.7	200	0	
1996		200[3]		
2002				212
2007				236
Average annual change, 1980–95			-2	
Average annual change, 1986–95			-5	
Average annual change, 1990–95			-1	

2002 goal is at about the 1992 level.

2007 goal is at the second highest level (attained in 1984).

[1] Source: Substance Abuse and Mental Health Services Administration. *Preliminary Results* from the 1996 National *Household Survey on Drug Abuse.* Rockville, MD. July 1997.

[2] Targets are 1996 average age + 12 months by 2002 and 1996 average age + 36 months by 2007.

[3] Assumes average age unchanged from 1995.

States, and once here, a portion remains available for consumption.

We define *traffickers' success rate* as the quantity of illicit drugs successfully moved through a particular zone relative to the total quantity entering that zone. This "success rate" is defined differently for the source zone and the transit and arrival zones. In addition, there is a success rate defined for drug trafficking within the United States. The purpose of our supply reduction program efforts is to reduce each traffickers' success rate.[15] Program activities at any stage in the process are responsive to conditions that exist in preceding stages. Nonetheless, by reducing the traffickers' success rate at each stage, the Impact Targets identified in the main text can be attained.

- Source zone seizures and other losses contribute to a reduction in the quantity of the commodity that is available for shipment. Therefore, *the traffickers' success rate in source zones will be reduced by 15 percent by 2002 and 30 percent by 2007.* (Impact Target for Goal 5.)

- Supply is further reduced by transit and arrival zone seizures and other losses. Therefore, *the traffickers' success rate in transit and arrival zones will be reduced by 10 percent by 2002 and 20 percent by 2007*. (Impact Target for Goal 4)

- Domestic supply is finally reduced by domestic seizures and other losses. Therefore, *the traffickers' success rate in the U.S. will be reduced by 10 percent by 2002 and 20 percent by 2007.* (Impact Target for Goal 2)

- The foreign-originating drug supply in the United States is augmented by domestically grown and produced illicit drugs. Therefore, *domestic cultivation and production of illicit drugs will be reduced by 20 percent by 2002 and 50 percent by 2007*. (Impact Target for Goal 5)

The target reductions in traffickers' success rates identified above are intended to be cumulative in effect, and contribute toward *reducing availability of illicit drugs in the United States by 25 percent by 2002 and 50 percent by 2007*. For purposes of illustration, we can demonstrate the meaning behind each of these Impact Targets using estimates of the amount of cocaine cultivated, produced, and making its way to the U. S. consumer.

The U.S. Government does not possess "official" estimates of the available supply of drugs for heroin, marijuana, and methamphetamine. ONDCP's Interagency Assessment of Cocaine Movement (IACM)[16] develops official estimates for the available supply of cocaine. These estimates serve as the basis for the illustration discussed below. Separate work done for ONDCP by Abt Associates, the Federal Government's Crime and Narcotics Center, the Federal Wide Drug Seizure System, and the 1987 International Narcotics Control Strategy Report prepared by the Department of State serve as a starting point for estimating the available supply of heroin, marijuana, and methamphetamine.

It can be shown that the *traffickers' success rate in source zones* in 1996 was 80 percent. This is determined by dividing the amount of cocaine estimated as available for export (608 metric tons, according to IACM) from source zones by the estimated potential production of cocaine (760 metric tons in 1996, according to the Crime and Narcotics Center). The Impact Target for source zones would change this rate by 30 percent in 10 years, in this illustration, from 80 percent to 56 percent.

The *traffickers' success rate in transit and arrival zones* was 69 percent in 1996. This is determined by subtracting from unity the ratio of drug removals in these zones (191 metric tons, according to the International Narcotics Control Strategy Report and DEA reporting) to the estimated amount of drugs entering these zones (608 metric tons, according to IACM). The Impact Target for transit and arrival zones seeks to lower the traffickers' success rate from 69 percent to 55 percent.

Once inside the United States, traffickers are confronted with domestic law enforcement efforts (Federal, State, and local) that, among other things, threaten their ability to make drugs available to the consumer. Complete information on domestic law enforcement seizures is not available, so we cannot illustrate the *traffickers' success rate inside the United States*. Drug seizures by State and local authorities are recorded only in discrete data systems.[17] In the absence of data consistent with 1996 IACM numbers, ONDCP uses 1995 estimates for illustration. Abt Associates estimates that 287 to 376 metric tons were available for consumption in the United States before accounting for domestic law enforcement seizures. Suppose 50 metric tons are removed, then the traffickers' success rate in the United States would range from 83 to 87 percent. This is determined by subtracting from unity the ratio of domestic law enforcement seizures (50 metric tons is assumed for purposes of this illustration) to the amount of drugs inside the United States targeting the consumer (287 to 376 metric tons of cocaine, according to Abt Associates). The Impact Target would reduce this rate to range between 66 to 70 percent by 2007.

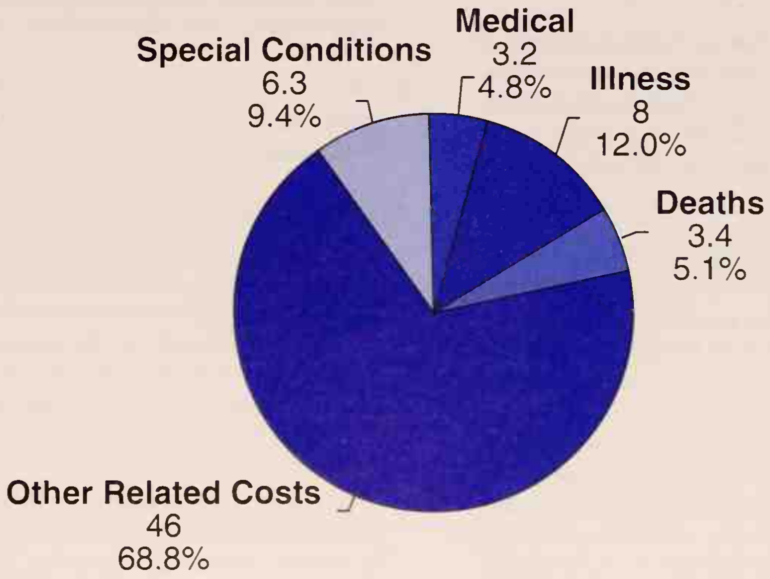
There are no estimates of U.S. cultivation and production of drugs. It is time to at least attempt to construct such estimates, especially for purposes of supporting this PME system. ONDCP will work with the law enforcement community, the intelligence community, and the Department of Agriculture to develop reasonable estimates of domestic cultivation and production of illicit drugs.

Consequences of Drug Use. Major adverse consequences of drug use take the form of social costs, particularly health consequences, drug-related crime, and lost productivity. While these can be measured through various specific indicators, translating these into a monetary valuation provides a readily interpretable measure. A methodology for cost estimation, last published in 1990,[18] is being updated by the National Institute on Drug Abuse (NIDA) and will be released in 1998. This update will offer reasonable current estimates of the total cost of drug abuse and its components. NIDA will provide annual updates that will express costs in constant dollar terms to enable comparison across years.

For purposes of illustration, the latest available data (for 1990) are informative. The economic costs of drug use were estimated to be $67 billion in 1990 (see Figure A-4).[19] The estimation methodology incorporates both direct and indirect costs. Medical costs, estimated at $3.2 billion in 1990, are expenses on medical resources used for care, treatment, and rehabilitation directly related to drug abuse. Illness, estimated at $8 billion, represents the value of lost productivity due to illness or injury. Deaths, estimated at $3.4 billion, represent the value of future lost productivity due to premature death. Other related costs, estimated at $46 billion and comprising two-thirds of total costs, include direct crime expenditures such as public police protection, private legal defense, and property destruction. Also included are productivity losses from people incarcerated as a result of drug-related crime. Special conditions, estimated at $6.3 billion, are costs attributable to the direct and indirect costs of AIDS associated with injection drug use.

Specific Impact Targets for consequences of drug use also are measured focusing on two major areas: health costs, and crime and violence. A reduction of 10 percent by 2002 and 25 percent by 2007, compared to 1996, is targeted in health and social costs. For crime and violence, the rate of crime and violent acts associated with drug trafficking and drug abuse is targeted for a 15-percent reduction by 2002 and a 30-percent reduction by 2007 relative to 1996 as the base year.

Figure A-4 **Economic Costs of Drug Use**



The assessments shown in Figure A-4 clearly depend on valid and reliable data. Some of these currently are in place, others are available only in part, and the rest need a systematic measurement system to be designed and implemented. The data components of the PME System will require continued development so that progress toward the defined targets can be gauged in a timely and accurate manner.

Endnotes

1. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

2. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050* (Washington, DC: U.S. Government Printing Office, 1996). Current Population Reports, 25-1130.

3. To replicate calculations, use three significant decimal places. Table rates are rounded to one decimal place.

4. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, *Projections of the Number of Households and Families in the United States: 1995 to 2010*, Current Population Reports, 25-1129. (Washington, DC: U.S. Government Printing Office, 1996).

5. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse* (Rockville, MD: U.S. Department of Health and Human Services, 1997).

6. For a review of the strengths and weaknesses of the NHSDA, see U.S. General Accounting Office, "Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement," GAO/PEMD-93-19, 1993.

7. In the absence of comprehensive national data on "hidden populations," a series of studies in one metropolitan area addressing drug use in the household population and in various hard-to-reach segments, such as the homeless, the institutionalized, and the adult and juvenile offender subpopulations, documents the higher drug use rates relative to the household population. See the *Washington, DC Metropolitan Area Drug Study* series published in 1991 to 1995 by the Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

8. The category "unemployed" includes only those who are looking for work. Persons described as retired, disabled, homemaker, or student are classified under "other" employment status.

9. The Bureau of the Census estimates the 1997 population of New Jersey, the ninth largest State, to be 8.05 million. Georgia, the 10th largest State, and 40 other States each have populations below 8 million. U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, Population Estimates Program, Population Division, ST-97-1, electronic data.

10. ONDCP is investigating alternative methods to arrive at more stable estimates of average age at initiation, including retrospective estimates from a single NHSDA data year as well as the possibility of generating estimates using a series of NHSDA data years.

11. Abt Associates under contract to ONDCP, *What America's Users Spend on Illegal Drugs: 1988–1995* (Washington, DC: ONDCP, 1997).

12. The full report describing the methodology for these estimates was developed by SAMHSA at ONDCP's request. A version of this report was subsequently published. See A. Woodward, et al., "The Drug Abuse Treatment Gap: Recent Estimates," *Health Care Financing Review* 28(3): 5–17 (1997).

13. U.S. General Accounting Office, "Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement," GAO/PEMD-93-19, 1993.

14. Abt Associates under contract to ONDCP, *A Plan for Estimating the Number of "Hardcore" Drug Users in the United States* (Washington, DC: ONDCP, forthcoming).

15. There also is a research basis for this concept. Under contract to ONDCP, Evidence-Based Research (EBR) conducted a study of the impact on the flow of drugs in the transit zone of alternative resource levels. In conducting this study, EBR developed the notion of the traffickers' success rate. For more about this topic, see the *National Drug Control Strategy: 1996 Program, Resources, and Evaluation*, and the ONDCP Transit Zone Study, 48–51.

16. The Interagency Assessment of Cocaine Movement is a quarterly product coordinated by ONDCP and produced by the Defense Intelligence Agency. Although the source document is confidential, the actual estimates used in this illustration are unclassified.

17. The Drug Enforcement Administration is in the process of developing estimates of drug seizures by non-Federal law enforcement authorities so that a more complete picture of domestic reductions can be established.

18. Rice, D.P., et al., under contract to the Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration, *The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985* (Washington, DC: U.S. Department of Health and Human Services, 1990).

19. Institute for Health Policy, Brandeis University, *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy* (Princeton, NJ: Robert Wood Johnson Foundation, 1993).

Appendix B: Targets and Measures

This appendix details the Goals, targets, and measures that are the foundation of the PME. Progress toward these Goals is critically dependent on State, local, and foreign governments; private entities; communities; families; and individuals. Data reflecting these efforts must be factored in with the Federal progress toward these Goals. Although Federal Agencies are designated as "reporting and supporting agencies" for each Goal and Measure, this does not represent a complete list of actors that will help the Nation achieve the specified Goals. There are Goals and Measures that will require the efforts of non-Federal actors.

In total, there are 94 performance targets in the proposed system. Twelve of these are "Impact Targets" designed to define outcomes or end states for the overall Goals of the Strategy. The remaining 82 performance targets are linked to the Strategy Objectives, which are supported by Federal and non-Federal drug control programs.

All of the performance targets, regardless of whether they are linked to Strategy Goals or Objectives, have at least one associated performance measure that shows how progress toward that target will be monitored. In total, there are 94 performance measures supporting the performance targets, which provide the infrastructure for the Strategy's Goals and Objectives.

The proposed targets and measures represent the collective views and best thinking of the drug control community. The numeric targets are currently viewed as plausible. However, in developing the performance targets and measures, certain assumptions were made about programs, data systems, resources, and exogenous factors. In some cases, data for the proposed targets and measures do not exist and need to be developed. For example, estimates of drug availability and the true size of the chronic drug user population will need to be developed. If data cannot reasonably be collected, alternative targets and measures will be sought.

It is important to acknowledge the flexible nature of the performance measurement system. Targets and measures are not static. As the system is implemented, all of us in the drug control community will improve our knowledge and understanding of drug policy and the outcomes that can reasonably be expected as we learn more about the relationships among organizations, resources, outputs, and outcomes. With such knowledge, the targets and performance measures will be refined and modified as needed.

Federal Agencies responsible for reporting performance measures to ONDCP are listed in this section under the appropriate measure. A minimum of one Federal Agency, two when there is a shared responsibility, is responsible for reporting on each measure. Additionally, Supporting Federal Agencies are listed after the Reporting Agency because they assist with data collection and assessment or have programs that contribute to achieving the given target.

To assist readers with the terminology used in this section, a Terminology Key is included.

Terminology Key

GOAL X: MAJOR DIRECTIVE OF THE STRATEGY.

GOAL X, END STATE 2007: WHAT THE GOAL IS ULTIMATELY TRYING TO ACHIEVE 10 YEARS AFTER PUBLICATION OF THE STRATEGY .

***OBJECTIVE X:** Major line of ACTION to achieve the desired goal.*

***OBJECTIVE, OUTCOME 2002:** Statement defining what the objective is trying to achieve in 5 years.*

TARGET	MEASURE
Goal Impact Target: Key outcome target for tracking impact of the Strategy Goal. Quantified end state.	**Goal Impact Measure:** Data and variables to track progress towards each Goal Impact Target.
PERFORMANCE TARGET: Target developed to track progress toward the Strategy Objective. States a desired output, milestone, or outcome associated with agency drug program efforts. Ideally outcome-oriented vs. work-output oriented.	**PERFORMANCE MEASURE:** Data, variables, and events to track progress toward each performance target. **Reporting Agency:** Department responsible for reporting the measure to ONDCP. This is not necessarily the only agency responsible for achieving the target. **Supporting Federal Agency:** Department responsible for providing data to the Reporting Agency.

Assumptions:

A set of beliefs, generally held by the drug control community, upon which performance targets are based.
General Assumptions: Assumptions that apply to more than one Strategy Goal.
Goal X Assumptions: Assumptions that apply to Goal X only.

Critical Factors:

Events outside of the control of the relevant department or agency that can affect target achievement.

General Assumptions for Two or More Strategy Goals

- The drug problem is dynamic and our response must change accordingly.
- The American people will oppose the unconstrained flow of illicit drugs into the United States and the use of illegal drugs within the United States.
- Reduction in foreign and domestic production and supply will affect illegal drug use through price effects caused by reduced availability.
- ONDCP will lead interagency efforts in 1998 to develop official government estimates of drug availability. It is expected that this effort will enable baseline estimates for 1996. If this proves to be infeasible, then a subsequent year will be used as the baseline.

General Critical Factors— Apply to Two or More Strategy Goals

- Improved drug indicators are required for measuring illicit drug availability.
- Federal incentives and support for States and local communities to report data necessary to measure performance.
- U.S. law enforcement and intelligence "presence" must be maintained in all major source and transit countries where diplomatic relations exist, and this presence must be developed in those countries where diplomatic relations do not exist.
- Successful prevention and treatment programs that meet accepted standards are adopted nationwide.

Goals

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

Goal Impact Targets

a. **Use of illegal drugs, alcohol, and tobacco by youth**—By 2002, reduce the prevalence of past month use of illegal drugs and alcohol among youth by 20 percent as measured against the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year. Reduce tobacco use by youth by 25 percent by 2002 and by 55 percent by 2007.

b. **Initial age of drug use in youth**—By 2002, increase the average age for first time drug use by 12 months from the average age of first time use in 1996. By 2007, increase the average age of first time drug use by 36 months from the 1996 base year.

GOAL 1, END STATE 2007: OUR CHILDREN HAVE THE TOOLS FOR MAKING THE RIGHT CHOICE TO REACH ADULTHOOD FREE OF DRUGS.

Goal Impact Measures

a. Past month prevalence of drug, alcohol, and tobacco use by youth.

Reporting Agency: HHS
Supporting Federal Agencies: DoD, DOJ, ED

b. Average age of initial drug use.

Reporting Agency: HHS
Supporting Federal Agencies: DoD, DOJ, ED

Assumptions for Goal 1

- Clear anti-drug messages from parents and community leaders are effective in persuading youth to recognize the risks of illegal drug use.
- Prevention programs that meet accepted standards will be effective in countering cohort attitudes and media messages encouraging drug experimentation and use.
- Widely disseminated evidence of the harmful consequences of using marijuana and other illegal drugs will increase the number of adults and youth who reject them.

GOAL 1: EDUCATE AND ENABLE AMERICA'S YOUTH TO REJECT ILLEGAL DRUGS AS WELL AS ALCOHOL AND TOBACCO.

GOAL 1, END STATE 2007: Our children have the tools for making the right choice to reach an adulthood free of drugs.

OBJECTIVE 1: Educate parents or other caregivers, teachers, coaches, clergy, health professionals, and business and community leaders to help youth reject illegal drugs and underage alcohol and tobacco use.

Objective Outcome, 2002: An America where every adolescent has a parent or caregiver who provides sound reasons for rejecting illegal drugs, alcohol, and tobacco.

TARGETS	MEASURES
1. **Adult understanding and capacity**—By 2002, increase by 25 percent the proportion of adults who have the capacity to help youth reject illegal drug use compared to the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.	1. The proportion of adults who disagree somewhat or disagree strongly with the following statements: a. "I wish I knew better what to say to my child about drugs." b. "What I say will have little influence on whether my child tries marijuana." c. "Drug education is best handled by schools, not parents." Reporting Agency: HHS Supporting Federal Agencies: DOJ, DOL, ED
2. **Adults influencing youth**—By 2002, increase by 20 percent the proportion of parents and other adult mentors who attempt to influence youth to reject drugs, alcohol, and tobacco over the 1998 base year. By 2007, increase the proportion by 40 percent over the base year.	2. The proportion of parents and other adult mentors who (a) report having discussed drugs with children thoroughly, and (b) report that they have attempted to influence youth to reject drugs. Reporting Agency: HHS Supporting Federal Agencies: DOJ, ED
3. **Acceptance rate**—By 2002, reduce by 5 percent the proportion of adult acceptance of illegal drug use as compared to the 1998 base year. By 2007, decrease the rate to at least 20 percent below the base year rate.	3. The proportion of adult acceptance of illegal drug use. Reporting Agency: HHS Supporting Federal Agencies: DOJ, ED

Goal 1 (continued)

OBJECTIVE 2: Pursue a vigorous advertising and public communications program dealing with the dangers of illegal drugs, alcohol, and tobacco use by youth.

Objective Outcome, 2002: An America where advertising and public communication routinely inform youth on the dangers of illegal drugs, alcohol, and tobacco.

TARGETS

1. **Youth risk perception**—By 2002, increase to 80 the percent of youth who perceive that regular use of illegal drugs, alcohol, and tobacco is harmful and maintain this rate through 2007.
2. **Youth disapproval**—By 2002, increase to 95 the percent of youth who disapprove of illegal drug, alcohol, and tobacco use and maintain this rate through 2007.
3. **TV anti-drug messages**—By 2002, double the number of TV viewing hours that focus on anti-drug messages, as compared to the 1998 base year, and maintain that level through 2007.

MEASURES

1. The percent of youth who perceive the risks of illegal drugs (marijuana as a proxy measure), alcohol, and tobacco use as harmful.

   Reporting Agency: HHS
   Supporting Federal Agencies: DOJ, DOT, ED

2. The percentage of youth who disapprove of illegal drugs, alcohol, and tobacco use.

   Reporting Agency: HHS
   Supporting Federal Agencies: DOJ, DOT, ED

3. The number of TV viewing hours by youth that focus on anti-drug messages.

   Reporting Agency: ONDCP
   Supporting Federal Agencies: DOT, HHS

Goal 1 (continued)

OBJECTIVE 3: Promote zero tolerance policies for youth regarding the use of illegal drugs, alcohol, and tobacco within the family, school, workplace, and community.

Objective Outcome, 2002: An America where all school districts and a growing number of communities adopt zero tolerance policies regarding the use of illegal drugs, alcohol, and tobacco.

TARGETS

1. **Zero tolerance in schools**—By 2002, all schools and school districts will have zero tolerance policies concerning the use of illegal drugs, alcohol, and tobacco by youth.

2. **Zero tolerance in communities**—By 2002, increase by 25 percent over the 1998 base year the proportion of designated communities (as determined by an interagency group) that have developed, through broad-based participation (parents, businesses, and community groups), publicly stated and written zero tolerance drug abuse policies for youth. By 2007, increase the proportion to at least 50 percent over the 1998 base year.

MEASURES

1. Proportion of public and private schools that have published:

   a. zero tolerance drug abuse policies for students and
   b. zero tolerance drug abuse policies for employees.

   Reporting Agencies: ED, HHS
   Supporting Federal Agencies: DoD, OJJDP

2. Proportion of communities that have published zero tolerance drug abuse policies for youth.

   Reporting Agency: HHS
   Supporting Federal Agencies: BIA, DoD, DOL, DOT, ED, OJJDP

Goal 1 (continued)

*OBJECTIVE 4: **Provide students in grades K–12 with alcohol, tobacco, and drug prevention programs and policies that have been evaluated and tested and are based on sound practices and procedures.***

Objective Outcome, 2002: An America where all school districts accept the need for drug, alcohol, and tobacco prevention programs that have been evaluated and tested and a growing number of districts have implemented them.

TARGETS	MEASURES
1. **Establish criteria for tested standards**—By 1999, establish criteria to determine whether school districts have implemented drug, alcohol, and tobacco prevention programs and policies that are evaluated and tested.	1. Criteria established to determine whether school districts have effectively implemented drug, alcohol, and tobacco prevention programs that are evaluated and tested. Reporting Agencies: ED, HHS Supporting Federal Agency: DOJ
2. **Implement standards in schools**—By 2002, increase the proportion of school districts that have implemented drug, alcohol, and tobacco prevention programs that have been evaluated and tested by 10 percent compared to the 2000 base year percentage. By 2007, increase the proportion to at least 30 percent over the base year.	2. The proportion of school districts that have implemented drug, alcohol, and tobacco prevention programs and policies that are evaluated and tested. Reporting Agencies: ED, HHS Supporting Federal Agency: DOJ

Goal 1 (continued)

OBJECTIVE 5: Support parents and adult mentors in encouraging youth to engage in positive, healthy lifestyles and modeling behavior to be emulated by young people.

Objective Outcome, 2002: An America where there are mentors in each community and social groups to foster positive, healthy lifestyles among all young Americans.

TARGETS	MEASURES
1. **Develop mentoring program**—By December 1999, develop a national program proposal, building on existing efforts, for promoting growth in the number of mentors as well as mentoring and parenting organizations.	1. Status of the program proposal, the organizational infrastructure, and the action agenda that will be used to maximize the impact of a nationwide program. Reporting Agency: HHS Supporting Federal Agencies: ED, OJJDP
2. **Implement mentoring program**—By 2002, implement this program at a level sufficient to increase by 25 percent, over a 1998 base year, the proportion of trained adult mentors and parents (of children age 17 and under) involved in mentoring. By 2007, increase the proportion of adult mentors participating in the program to 50 percent over the number in the base year.	2. The proportion of trained adult mentors and parents (of children age 17 and under) involved in mentoring. Reporting Agency: HHS Supporting Federal Agencies: DOL, ED, OJJDP

Goal 1 (continued)

*OBJECTIVE 6: **Encourage and assist the development of community coalitions and programs in preventing drug abuse and underage alcohol and tobacco use.***

*Objective Outcome, 2002: **An America where every community is actively involved in coalitions or partnerships dedicated to preventing youth from using illegal drugs, alcohol, and tobacco.***

TARGETS

1. **Develop coalition directory**—By 1999, publish a national inventory of anti-drug community-based coalitions and partnerships.
2. **Funded coalitions**—By 2007, increase by 50 percent the number of communities with comprehensive anti-drug coalitions funded publicly or privately as compared to the 1999 base year.

MEASURES

1. Publication of the national inventory of anti-drug community-based coalitions and partnerships.

   Reporting Agency: HHS
   Supporting Federal Agencies: BJA, DOT, ED, HUD, OJJDP

2. Percentage of communities with comprehensive anti-drug coalitions funded publicly or privately.

   Reporting Agency: HHS
   Supporting Federal Agencies: BJA, DOC, DOL, DOT, ED, HUD, OJJDP

Goal 1 (continued)

OBJECTIVE 7: ***Create partnerships with the media, entertainment industry, and professional sports organizations to avoid the glamorization, condoning, or normalization of illegal drugs and the use of alcohol and tobacco by youth.***

Objective Outcome, 2002: An America where major media, entertainment, and sports organizations form partnerships with Government to avoid glamorizing, condoning, or legitimizing illegal drugs, alcohol, and tobacco.

TARGET

1. **Partnerships**—By 2002, establish partnerships with 50 percent of major media, entertainment, and professional sports organizations to avoid glamorizing, condoning, or legitimizing the use of illegal drugs, alcohol, and tobacco. By 2007, partnerships with 90 percent of each organizational type will be established.

MEASURE

1. Percentage of major media, entertainment, and professional sports organizations that avoid glamorizing, condoning, or normalizing the use of illegal drugs, alcohol, and tobacco.

   Reporting Agency: HHS
   Supporting Federal Agencies: DOJ, DOT, ED

Goal 1 (continued)

*OBJECTIVE 8: **Support and disseminate scientific research and data on the consequences of legalizing drugs.***

*Objective Outcome, 2002: **An America where health and civic leaders base their professional decisions on factual, scientific evidence regarding the dangers of illegal drugs.***

TARGETS	MEASURES
1. **Develop an information package**—By 1999, develop and disseminate an information package, based on existing research, for State legislators, governors, and physicians, on the use of marijuana for medicinal purposes and pharmaceutical alternatives to marijuana and other illegal drugs.	1. Development and initial distribution of an information package about the potential adverse effects of marijuana and other illegal drugs. Reporting Agency: HHS Supporting Federal Agencies: DEA, ED
2. **Disseminate evidence**—In 1999, complete nationwide dissemination of scientific evidence of the potential adverse effects of legalizing marijuana and other illegal drugs.	2. Information package developed and disseminated. Reporting Agency: HHS Supporting Federal Agencies: DEA, ED

Goal 1 (continued)

OBJECTIVE 9: Develop and implement a set of principles upon which prevention programming can be based.

TARGETS

1. **Develop prevention models**—By 1999, in concert with Federal and State agencies and national and local community organizations, develop essential principles for drug abuse prevention programs and models.

2. **Disseminate principles and models**—By 2000, disseminate information about prevention principles and prevention models to 50 percent of schools and/or school districts, State and local governments, national and local community organizations, and other relevant organizations identified in a dissemination plan. By 2002, achieve dissemination to 95 percent of these agencies.

Objective Outcome, 2002: An America where national prevention principles form the foundation for educating and enabling youth to reject illegal drugs, alcohol, and tobacco.

MEASURES

1. Development of national prevention principles and models.

   Reporting Agencies: ED, HHS
   Supporting Federal Agencies: DoD, OJJDP

2. The proportion of school districts, State and local governments, national and local community organizations, and other relevant organizations receiving information about prevention principles and models.

   Reporting Agencies: ED, HHS
   Supporting Federal Agencies: DoD, OJJDP

*OBJECTIVE 10: **Support and highlight research, including the development of scientific information to inform drug, alcohol, and tobacco prevention programs targeting young Americans.***

Objective Outcome, 2002: An America where prevention programs are research-based and results-driven.

TARGETS	MEASURES
1. **New prevention research**—By 1999, identify, prioritize, and implement critical new prevention research and knowledge development studies to educate and enable youth to reject illegal drugs.	1. Assessment of the number and quality of new prevention research and knowledge studies implemented for the purpose of educating and enabling youth to reject illegal drugs. Reporting Agency: HHS Supporting Federal Agencies: DOT, ED, OJJDP
2. **Disseminate information**—By 2002, based on new and existing prevention research, disseminate effective, science-based, prevention programs to 50 percent of Federal, State, and local practitioners, and put into place a system that will generate and distribute this information to the entire field of prevention on an ongoing basis. By 2004, achieve 95-percent dissemination.	2. Proportion of Federal, State, and local prevention practitioners receiving science-based information on prevention. Reporting Agency: HHS Supporting Federal Agencies: DOT, ED, HUD, OJJDP, Treas.
3. **Anti-drug education impact study**—By 2002, complete research to isolate and monitor the impact of youth anti-drug education initiatives on changes in the prevalence of drug use.	3. Impact of education initiatives on drug use prevalence measured by an interagency working group. Reporting Agency: ONDCP Supporting Federal Agencies: DEA, DOT, ED, HHS, HUD, OJJDP, VA, Treas.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

Goal Impact Targets

a. **Drug related crime and violence**—By 2002, reduce by 15 percent the rate of crime and violent acts associated with drug trafficking and use, as compared with the 1996 base year. By 2007, reduce drug-related crime and violence by 30 percent as compared with the base year.

b. **Domestic trafficker success**—By 2002, reduce by 10 percent the rate at which illicit drugs of U.S. venue reach the U.S. consumer, as compared with the 1996 base year. By 2007, reduce this rate by 20 percent over the base year.

c. **Drug availability in the United States**—By 2002, reduce drug availability in the United States by 25 percent as compared with the estimated 1996 base year. By 2007, reduce illicit drug availability in the U.S. by 50 percent from the base year.

GOAL 2, END STATE 2007: AN AMERICA WHERE THERE ARE FEWER DRUGS ON THE STREETS AND COMMUNITIES ARE SAFER.

Goal Impact Measures

a. The nationwide rate of crimes and violent acts associated with drug trafficking and use as measured by available indicators.

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.

b. Rate at which illicit drugs venued in the United States reach U.S. consumers.

Reporting Agency: DOJ
Supporting Federal Agencies: BJS, DEA, FBI, HIDTAs, Treas.

c. Quantity of illicit drugs available in the United States.

Reporting Agency: ONDCP
Supporting Federal Agencies: DoD, DOS, FBI, NDIC, NSA, USBP, USCG, USCS, USIC

Assumptions for Goal 2

- Control of domestic consumption, distribution, and associated criminal activity is primarily a State- and local-level law enforcement function and is a key contributor to the success of supply and consequence targets; control of major drug supply and distribution organizations is primarily a Federal law enforcement function.

- A significant reduction in the availability of illicit drugs will have a price effect (increase) that reduces drug use.

GOAL 2: INCREASE THE SAFETY OF AMERICA'S CITIZENS BY SUBSTANTIALLY REDUCING DRUG-RELATED CRIME AND VIOLENCE.

GOAL 2, END STATE 2007: An America where there are fewer drugs on the streets and communities are safer.

***OBJECTIVE 1:** Strengthen law enforcement—including Federal, State, and local drug task forces—to combat drug-related violence, disrupt criminal organizations, and arrest and prosecute the leaders of illegal drug syndicates.*

***Objective Outcome, 2002:** An America where drug-related violence and drug availability are minimal.*

TARGETS	MEASURES
1. **Drug-related violent crime**—By 2002, achieve a 20-percent reduction in the rate of homicides, robberies, rapes, assaults, and crimes against property associated with illegal drugs as compared to the 1996 base year. By 2007, achieve at least a 40-percent reduction from the base year in specified drug-related crimes.	1. Reported rate of homicides, robberies, rapes, assaults, and property crimes associated with distribution, sale, or consumption of illegal drugs as measured by available crime indicators. Reporting Agency: DOJ Supporting Federal Agencies: BJS, DEA, DOS, FBI, Treas.
2. **Drug trafficking organizations**—By 2002, using a prioritized list of domestic drug law enforcement community designated targets, increase by five points the percentage of drug trafficking organizations disrupted, dismantled, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 10 points above the base year value.	2. The percentage of targeted organizations on the counterdrug community's designated target list which are disrupted, dismantled, or otherwise rendered ineffective, measured annually. Reporting Agency: DEA Supporting Federal Agencies: DoD, DOS, FBI, USCS, Treas.
3. **Domestic drug traffickers**—By 2002, using a prioritized list of domestic drug law enforcement community designated targets, increase by 10 points the percentage of drug traffickers who are arrested, prosecuted, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 20 points above the base year value.	3. The percentage of targeted individuals on the counterdrug community's designated target list who are arrested, prosecuted, or otherwise rendered ineffective, measured annually. Reporting Agency: DEA Supporting Federal Agencies: FBI, USCS, Treas.

Goal 2 (continued)

OBJECTIVE 2: Improve the ability of High Intensity Drug Trafficking Areas (HIDTA) to counter drug trafficking.

Objective Outcome, 2002: An America where drug trafficking is minimized in HIDTA areas.

TARGETS	MEASURES
1. **HIDTA development**—Each HIDTA will improve the scope and efficiency of the HIDTA Program by the progressive adoption of the National HIDTA Developmental Standards at the rate of at least 10 percent per annum, reaching the 90 percent level by 2007.	1. The percentage of HIDTAs that meet or exceed the established milestones for the National HIDTA Developmental Standards as developed and distributed in the 1998 HIDTA Program guidance. Reporting Agencies: each HIDTA Supporting Federal Agencies: DEA, FBI
2. **Drug trafficking organizations in HIDTAs**—By 2002, increase the proportion of drug trafficking organizations disrupted or dismantled as identified in HIDTA threat assessments by 15 percent above the proportion in the 1997 base year. By 2007, increase the proportion disrupted or dismantled to 30 percent above the base year ratio.	2. Proportion of identified drug trafficking organizations disrupted or dismantled by or within HIDTAs. Reporting Agencies: DEA, each HIDTA Supporting Federal Agencies: DoD, DOS, FBI, USCS, Treas.
3. **Drug-related violent crime in HIDTAs**—By 2002, reduce by 20 percent the rate of drug related homicides, robberies, rapes, and assaults in HIDTAs as compared to the 1996 base year. By 2007 reduce specified drug-related crimes in HIDTAs by 40 percent.	3. Reported rate of homicides, robberies, rapes, and assaults in HIDTAs that are associated with distribution, sale, or consumption of illicit drugs as measured by available crime indicators. Reporting Agencies: each HIDTA Supporting Federal Agencies: BJS, DEA, DOJ, FBI, Treas.

Goal 2 (continued)

OBJECTIVE 3: Help law enforcement to disrupt money laundering and seize and forfeit criminal assets.

Objective Outcome, 2002: An America where every State has enacted and enforces asset seizure and forfeiture laws to reduce the profitability of all drug enterprises.

TARGETS	MEASURES
1. **Drug organization assets seized and forfeited**—By 2002, increase the value of assets seized and forfeited from organizations with known ties to illegal drug trafficking by 15 percent over the 1998 base year. By 2007, increase the value of assets seized and forfeited by 25 percent over the base year.	1. Value of drug trafficker-related assets seized and forfeited. Reporting Agency: DOJ Supporting Federal Agencies: DOC, FBI, USCS, Treas.
2. **State seizure and forfeiture statutes**—By 2007, all States enact drug-related asset seizure and forfeiture statutes.	2. Number of States that have adopted anti-money-laundering and asset seizure and forfeiture legislation. Reporting Agency: DOJ Supporting Federal Agencies: DOC, FBI, Treas.
3. **Money laundering costs**—By 2002, increase the cost of money laundering to drug traffickers within the United States by 15 percent over costs in the 1997 base year. By 2007, increase money laundering costs at least 40 percent over base year costs.	3. The cost of money laundering transactions to drug trafficking organizations within the United States. Reporting Agency: FinCEN Supporting Federal Agencies: DOC, FBI, USCS, Treas.

Goal 2 (continued)

OBJECTIVE 4: Develop, refine, and implement effective rehabilitative programs—including graduated sanctions, supervised release, and treatment for drug-abusing offenders and accused persons—at all stages within the criminal justice system.

Objective Outcome, 2002: An America where effective rehabilitation prevents drug offenders from returning to drug abuse and crime.

TARGETS	MEASURES
1. **Drug testing policies**—By 1999, in concert with the States, adopt drug testing policies within the criminal justice system which: a. clearly articulate the purposes and goals of drug testing and prescribe responses; b. target appropriate populations based on an assessment of need for each type drug; c. specify testing types and frequency; d. specify how offenders will be targeted for testing; and e. detail staff training requirements.	1. The number of State correctional agencies that have policies that include: a. clearly articulated purposes and goals for drug testing and prescribed responses; b. appropriate populations determined based on an assessment of need for each specified type of drug; c. specified testing types and frequency; d. methods for how offenders will be targeted for testing; and e. staff training. Reporting Agency: DOJ Supporting Federal Agency: HHS
2. **Positive drug test responses**—By 1999, in concert with State correctional agencies and local correction offices, adopt processes to ensure that there is a response to every positive test or assessment of need. Responses may include event documentation, enhanced case management, increased judicial supervision, or imposition of other graduated sanction and treatment interventions.	2. The proportion of State correctional agencies with policies in place to respond to every positive drug test or assessment of need. Reporting Agency: DOJ Supporting Federal Agency: HHS
3. **Abuse treatment availability**—By 2002, increase by 10 percent the proportion of identified drug-using offenders who are provided substance abuse treatment interventions as compared to the 1997 base year. By 2007, increase this proportion by at least 25 percent over the base year.	3. The proportion of identified drug-using offenders provided with substance abuse treatment interventions. Reporting Agency: DOJ Supporting Federal Agency: HHS

Goal 2, Objective 4 (continued)

4. **Drugs and recidivism**—By 2002, reduce by 10 percent the proportion of identified drug-using offenders who are rearrested for new felonies or serious misdemeanors within a 1-year period following their release from supervision using 1998 as the base year. By 2007, reduce this proportion by at least 25 percent below the base year proportion.

4. The proportion of identified drug-using offenders who commit a felony or serious misdemeanor within a 1 year period following release from supervision out of the total number of identified and treated drug-using offenders.

Reporting Agency: DOJ
Supporting Federal Agency: HHS

Goal 2 (continued)

OBJECTIVE 5: Break the cycle of drug abuse and crime.

Objective Outcome, 2002: An America where the combination of Federal, State, and local anti-drug efforts break the cycle of drugs and crime.

TARGETS	MEASURES
1. **Inmate access to illegal drugs**—By 2002, reduce by 25 percent the proportion of inmates who test positive for illegal drugs during their incarceration in Federal, State, county, or local detention facilities as compared to the positive drug test rate in the 1997 base year. By 2007, reduce positive tests by 50 percent as compared to the base year.	1. The proportion of inmates that test positive for drugs. Reporting Agency: DOJ Supporting Federal Agency: HHS
2. **Break-the-cycle ("BTC") demonstration projects**—By 2000, increase the number of juvenile and adult sites demonstrating the principles embodied in the first "BTC" research demonstration project. By 2001, refine the BTC research demonstration project and develop additional second generation models sponsored by State and local governments.	2. The number of implemented "BTC" research demonstration projects. Reporting Agency: DOJ Supporting Federal Agency: HHS
3. **Drug-crime focused court reform**—By 2002, 60 percent of States and metropolitan areas (as defined by the U.S. Census Bureau) will implement drug-crime based judicial reform or specialization of the courts system to elicit a decrease in drug-crime recidivism in the State or targeted area, measured against the recidivism rate for the year prior to implementation. By 2007, 80 percent of States and metropolitan areas will show a decrease in the recidivism rate compared to the base year.	3. The relative success of States and metropolitan areas that have developed and implemented drug-crime based reform or specialization of the courts. Reporting Agency: DOJ Supporting Federal Agency: HHS

Goal 2 (continued)

OBJECTIVE 6: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Objective Outcome, 2002: An America where drug law enforcement programs are thoroughly researched and information about successful programs is disseminated.

TARGET

1. **Effectiveness study**—By 2002, research the relative success of law enforcement and offender treatment programs and disseminate this information to at least 80 percent of law enforcement or drug prevention and treatment agencies. By 2007, ensure all related agencies have received the research findings and 90 percent have implemented selected initiatives.

MEASURE

1. Progress of dissemination and implementation of law enforcement research.

   Reporting Agency: DOJ
   Supporting Federal Agencies: BJS, HHS, NIJ

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE.

Goal Impact Targets

a. **Reduce health and social costs**—By 2002, reduce health and social costs associated with illegal drugs by 10 percent, as expressed in constant dollars, as compared to the 1996 base year. By 2007, reduce such costs by 25 percent as compared to the base year.

b. **Reduce drug use nationwide**—By 2002, reduce the nationwide prevalence of illegal drug use by 25 percent as compared to the 1996 base year. By 2007, reduce prevalence by 50 percent as compared to the base year.

c. **Reduce drug use in the workplace**—By 2002, reduce the prevalence of drug use in the workplace by 25 percent as compared to the 1996 base year. By 2007, reduce this prevalence by 50 percent as compared to the base year.

d. **Reduce the number of chronic users**—By 2002, reduce the number of chronic drug users by 20 percent as compared to 1996 base year. By 2007, reduce the number of drug users by 50 percent as compared to the base year.

GOAL 3, END STATE 2007: AN AMERICA WHERE WE HAVE MINIMIZED THE ECONOMIC AND HUMAN CONSEQUENCES OF DRUG ABUSE.

Goal Impact Measures

a. Health and social costs in constant dollars attributable to illegal drugs.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.

b. The prevalence of drug use as measured by the National Household Survey and other relevant surveys.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, ED, VA, Treas.

c. The prevalence of drug use in the workplace as measured by the National Household Survey and other relevant surveys.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, DOL, DOT, ED, VA, Treas.

d. The estimated number of chronic drug users.

Reporting Agency: HHS
Supporting Federal Agencies: DOJ, ED, VA, Treas.

Assumptions for Goal 3

- Early entry into effective and efficient substance abuse treatment and sufficient incentive to remain in treatment will reduce high-risk behaviors (injecting drugs, sex for drugs, etc.) and decrease the spread of infectious diseases with no new emergent infectious diseases affecting the population group.

- Increasing education and training of prevention and treatment providers will improve results and decrease health care utilization.

- Advances in medicines and treatment protocols, and support for mental health needs can prevent increases in the chronic user population.

GOAL 3: REDUCE HEALTH AND SOCIAL COSTS TO THE PUBLIC OF ILLEGAL DRUG USE

OBJECTIVE 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

GOAL 3, END STATE 2007: An America where we have minimized the economic and human consequences of drug abuse.

Objective Outcome, 2002: An America where effective drug treatment is readily available, resulting in better recovery rates and lower taxpayer costs from crime losses and prison expenses.

TARGETS	**MEASURES**
1. **Treatment gap**—By 2002, reduce the public treatment gap by at least 20 percent as compared to the 1996 base year. By 2007, reduce the gap by at least 50 percent compared to the base year.	1. Treatment gap, defined as the difference between those needing treatment and the capacity of the treatment system to provide treatment. Reporting Agency: HHS Supporting Federal Agencies: DOJ, VA.
2. **Demonstrate impact**—By 2007, as compared to the 2001 base year, achieve for those completing substance abuse treatment programs a: a. 10-percent increase in full-time employment (adults in the labor market); b. 10-percent increase in educational status (adolescents); c. 10-percent decrease in illegal activity; and d. 10-percent increase in general medical health.	2. Impact measured in each targeted area against data from the 2001 base year. Reporting Agency: HHS Supporting Federal Agencies: BIA, DoD, DOJ, DOT, ED
3. **Waiting time**—By 2007, reduce the average waiting time to enter treatment by 20 percent as compared to the 2000 base year.	3. Average waiting time. Reporting Agency: HHS Supporting Federal Agencies: DOJ, DOT, ED

Goal 3, Objective 1 (continued)

4. **Implement NTOMS**—By 2002, develop and implement a National Treatment Outcome Monitoring System (NTOMS) to collect data on an ongoing basis and provide drug treatment providers nationwide with a source of information needed to identify changes in drug abuse treatment outcomes and to identify program-level determinants of change.

5. **Disseminate treatment information**—By December 1998, disseminate current information to key civic leaders about the best available drug treatment in order to substantially enhance efficiency, effectiveness, and accessibility of drug treatment nationwide.

4. NTOMS database implemented, updated, and actively disseminating information yielding demonstrable improvement over all previous drug treatment systems. Assessment to be made by an interagency group augmented with independent expert advisors.

   Reporting Agency: HHS
   Supporting Federal Agencies: DOJ, DOT, ED, ONDCP

5. Progress toward information dissemination. Assessment of progress to be made by an interagency group augmented with independent expert advisors.

   Reporting Agency: HHS
   Supporting Federal Agencies: DOJ, DOT, ED

Goal 3 (continued)

OBJECTIVE 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective Outcome, 2002: An America where drug-related infectious disease incidents decline dramatically.

TARGETS

1. **Tuberculosis**—By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related tuberculosis by 10 percent among identified drug abuser populations. By 2007, reduce the incidence by 20 percent as compared to the base year.

2. **Hepatitis B**—By 2002, as compared to the 1997 base year, reduce the incidence of drug abuse-related Hepatitis B by 25 percent among identified drug abuser populations. By 2007, reduce the incidence by 35 percent as compared to the base year.

3. **HIV**—By 2002, as compared to the 1997 base year, stabilize the incidence of drug abuse-related HIV infection. By 2007, reduce the incidence by 10 percent as compared to the base year.

MEASURES

1. The incidence of drug abuse-related tuberculosis as systematically reported in the Centers for Disease Control and Prevention's (CDC's) Tuberculosis Verified Case Reporting System and VA Substance Abuse Database.

   Reporting Agency: HHS
   Supporting Federal Agency: VA

2. The incidence of drug abuse-related Hepatitis B as systematically assessed from CDC's HIV National Viral Hepatitis Reporting System, CDC's Five County Surveillance System, and VA Substance Abuse Database.

   Reporting Agency: HHS
   Supporting Federal Agency: VA

3. The incidence of drug abuse-related HIV as systematically assessed from CDC's HIV Counseling and Testing Database, CDC's Seroprevalence Surveillance Systems for IDUs, and the VA Substance Abuse Database.

   Reporting Agency: HHS
   Supporting Federal Agency: VA

Goal 3 (continued)

OBJECTIVE 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes: Drug testing, education, prevention, and intervention.

Objective Outcome, 2002: An America where all institutions and business organizations of all sizes and types implement drug-free workplaces.

TARGET

1. **Drug free workplace**—By 2002, increase over the 1997 base year the number of workplaces with (a) employee assistance programs by 6 percent; (b) drug-free workplace policies by 15 percent; (c) drug testing by 12 percent; and (d) at least 1 hour per year of substance abuse education by 12 percent. By 2007, increase each to at least 12, 30, 24, and 24 percent, respectively, over the base year.

MEASURE

1. The percentage of workplaces with (a) employee assistance programs, (b) drug-free workplace policies, (c) drug testing programs, and (d) substance abuse education.

   Reporting Agency: HHS
   Supporting Federal Agencies: ED, DOL, DOT, SBA

Goal 3 (continued)

*OBJECTIVE 4: **Support and promote the education, training, and credentialing of professionals who work with substance abusers.***

*Objective Outcome, 2002: **An America where national drug training and education standards form the basis for credentialing substance abuse professionals.***

TARGETS

1. **Standards set**—By 2002, building on current efforts, develop nationally recognized standards for education and training for:
   a. substance abuse prevention service professionals;
   b. substance abuse treatment service professionals;
   c. substance abuse professionals (required by Department of Transportation alcohol and drug abuse program); and
   d. employee assistance professionals who provide substance abuse services.

2. **Conformity**—Adoption of nationally recognized credentialing standards by States as follows:
   a. By 2002, at least 15 States will have adopted national standards for substance abuse prevention service professionals and by 2007, at least 25 States adopt national standards;
   b. By 2002, all States have adopted national standards for substance abuse treatment service professionals;
   c. By 2002, at least 25 States will have adopted national standards for substance abuse professionals and by 2007, all States will have adopted national standards; and
   d. By 2002, at least 25 States will have adopted national standards for employee assistance professionals who provide substance abuse services and by 2007, at least 40 States will have adopted national standards.

MEASURES

1. Development of nationally recognized requirements for education and training of substance abuse service professionals by appropriate (identified, agreed-upon) professional organizations.

   Reporting Agency: HHS
   Supporting Federal Agency: DOT

2. The number of States that adopt nationally recognized competency standards for certification/licensure of substance abuse service professionals.

   Reporting Agency: HHS
   Supporting Federal Agency: DOT

Goal 3 (continued)

OBJECTIVE 5: Support research into the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

TARGET

1. **Research focus**—By 1999, develop a prioritized list of research questions that support the development of medications and treatment protocols to prevent or reduce drug dependence and abuse.

Objective Outcome, 2002: An America where scientific research for developing new medicines improves drug treatment capabilities.

MEASURE

1. Status of medication and treatment research questions list.

   Reporting Agency: HHS
   Supporting Federal Agency: VA

Goal 3 (continued)

*OBJECTIVE 6: **Support and highlight research and technology, including the acquisition and analysis of scientific data, to reduce the health and social costs of illegal drug use.***

*Objective Outcome, 2002: **An America where a nationally accepted model to monitor the health and social costs of illegal drug use is developed and implemented.***

TARGETS	MEASURES
1. **Develop funded portfolio**—By 2002, establish an interagency portfolio of federally funded research projects to reduce the health and social costs of illegal drug use.	1. Interagency research review panel establishes portfolio. Reporting Agency: Interagency group Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOT, HHS, HUD, VA, Treas.
2. **Epidemiological model**—By 2002, develop and implement comprehensive Federal epidemiological measurement systems.	2. Implementation status of Federal epidemiological measurement systems. Reporting Agency: HHS Supporting Federal Agency: DOJ
3. **Health/social cost model**—By 1999, research and recommend for implementation an interagency capability or model to monitor changes in the health and social costs of illegal drugs from agreed upon baseline costs.	3. Health and social cost model development and implementation status. Reporting Agency: HHS Supporting Federal Agencies: DEA, DoAgri, DOC, DoD, DOT, HHS, HUD, VA, Treas.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT

Goal Impact Target

Transit and border zone drug flow—By 2002, reduce the rate at which illegal drugs successfully enter the United States from the transit and arrival zones by 10 percent as compared to the 1996 base year. By 2007, reduce this rate by 20 percent as measured against the base year.

GOAL 4, END STATE 2007: AN INTERNATIONAL COMMUNITY WHERE FEWER ILLEGAL DRUGS ARE ENTERING THE UNITED STATES.

Goal Impact Measure

The rate that illegal drugs in the transit and arrival zones are precluded entry into the United States as officially estimated by the Director of ONDCP in consultation with relevant Federal Agencies.

Reporting Agency: ONDCP
Supporting Federal Agencies: CIA, DEA, DOS, FBI, NSA, USBP, USCG, USCS, USIC

Assumptions for Goal 4

- Improved intelligence, law enforcement, and applied technology will result in more successful and cost-effective anti-drug operations.
- Traffickers will react to counter U.S. interdiction efforts if trafficking remains profitable.
- Major source and transit countries with which the United States has diplomatic relations will oppose trafficker violations and exploitation of their territories and these countries will cooperate with U.S. counter-drug efforts.
- Increased bilateral and multilateral law enforcement cooperation will improve the effectiveness of anti-drug investigations and operations.
- A method for generating flow estimates can be developed for illicit drugs and associated chemicals flowing into the United States.

GOAL 4: SHIELD AMERICA'S AIR, LAND, AND SEA FRONTIERS FROM THE DRUG THREAT

OBJECTIVE 1: Conduct flexible operations to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

GOAL 4, END STATE 2007: An international community where fewer illegal drugs are entering the United States.

Objective Outcome, 2007: An America where the flow of illegal drugs through the transit zones and across our borders declines markedly due to effective interdiction.

TARGET	**MEASURE**
1. **Transit and arrival zone seizures**—By 2002, increase the proportion of each major illicit drug seized, jettisoned, or destroyed in transit to the United States and at the U.S. borders as measured against interagency flow (to the United States) estimates by 10 percent over 1996 levels. By 2007, increase this proportion by 20 percent above 1996 levels.	1. The amount of each major illicit drug seized, destroyed, or jettisoned in transit to the United States (prior to the U.S. border) and at the U.S. border (arrival zone), divided by the annual estimated flow for each major illicit drug. Reporting Agencies: ONDCP, USIC Supporting Federal Agencies: CIA, DEA, DoD, DOS, FBI, NDIC NSA, USBP, USCG, USCS

Goal 4 (continued)

OBJECTIVE 2: Improve the coordination and effectiveness of U.S. drug law enforcement programs with particular emphasis on the Southwest Border, Puerto Rico, and the U.S. Virgin Islands.

Objective Outcome, 2002: An America where a more comprehensive and fully coordinated counterdrug intelligence system boosts interdiction and investigative efficiency.

TARGETS	MEASURES
1. **Cooperative relationships**—By December 1998, identify, inventory, and assess all existing U.S. interagency intelligence and investigative cooperative relationships and capabilities associated with air, maritime, and land cargo smuggling.	1. A baseline report is prepared, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships. Reporting Agency: DEA Supporting Federal Agencies: DoD, FBI, NSA, USCG, USCS, USIC
2. **Intelligence gaps**—By December 1999, develop a strategy to resolve identified gaps in intelligence and investigative cooperative relationships among U.S. law enforcement agencies.	2. Status of baseline report and accepted standards regarding investigative cooperation, effectiveness, and gaps in intelligence. Reporting Agency: DEA Supporting Federal Agencies: DoD, FBI, USCG, USCS
3. **Communications**—By 2002, establish secure, interoperable communication capabilities among at least 50 percent of U.S. Federal drug law enforcement agencies to facilitate the exchange of timely, sensitive, tactical (field-level) information. By 2007, ensure that secure, interoperable communications are available for all U.S. Federal drug law enforcement agencies.	3. Percentage of field-level, Federal drug law enforcement agencies with dedicated access to a timely, secure means of communicating tactical information with other Federal agencies. Reporting Agency: DoD Supporting Federal Agencies: CIA, DEA, FBI, USCG, USCS

Goal 4 (continued)

OBJECTIVE 3: Improve bilateral and regional cooperation with Mexico as well as other cocaine and heroin transit-zone countries in order to reduce the flow of illegal drugs into the United States.

Objective Outcome, 2002: New bilateral and regional agreements with major drug transit countries further reduce drug flow to the United States.

TARGETS	MEASURES
1. **Assess foreign cooperative relationships**—By December 1998, identify, inventory, and assess all existing bilateral and multilateral intelligence and investigative cooperative relationships between the United States and foreign countries including those that have multiparty air, maritime, and land cargo anti-smuggling agreements with the United States.	1. Status of baseline report is prepared, published, and disseminated on existing interagency bilateral and multilateral intelligence and investigative relationships. Reporting Agencies: CIA, DEA Supporting Federal Agencies: DoD, DOS, FBI, NSA, USCG, USCS, USIC
2. **Gaps in intelligence and cooperation**—By December 1999, develop recommendations to resolve identified gaps in intelligence and investigative cooperative relationships between the United States and foreign counterdrug agencies.	2. Status of baseline report is prepared, containing recommendations regarding gaps in intelligence and investigative cooperation and effectiveness. Reporting Agencies: ONDCP, CIA, DEA Supporting Federal Agencies: DoD, FBI, USCG, USCS
3. **Support agreements**—By 2002, bilateral agreements or other appropriate arrangements will be in place for all major illicit drug transit zone nations with which the United States has diplomatic relations to facilitate or provide cooperative support for the activities of U.S. counterdrug departments and agencies in controlling illicit drug smuggling.	3. Successfully negotiated bilateral or multilateral agreements with significant transit zone nations where needed for operational or other counterdrug concerns, as determined by an interagency assessment. Reporting Agency: DOS Supporting Federal Agencies: CIA, DEA, DoD, NSA, USBP, USIC

Goal 4 (continued)

OBJECTIVE 4: Support and highlight research and technology—including the development of scientific information and data—to detect, disrupt, deter, and seize illegal drugs in transit to the United States and at U.S. borders.

Objective Outcome, 2002: Newly developed technologies to disrupt the flow of illicit drugs into the United States are tested and deployed, dramatically increasing the effectiveness of interdiction and greatly reducing required manpower.

TARGETS	MEASURES
1. **Antismuggling technology**—By 2007, develop a deployment-ready technology to detect entry through the Southwest Border, maritime points of entry, and other designated entry points of at least 80 percent of all identified, potential drug smuggling events involving operationally significant amounts of secreted drugs.	1. Comprehensive technical and operational validation testing that demonstrate the required system performance effectiveness (measured at an 80-percent confidence level). Reporting Agency: USCS Supporting Federal Agency: DoD
2. **Threat movement database**—By 1999, develop accurate databases for estimating the threat of U.S.-bound movement of cocaine, heroin, and methamphetamine (including quantitative information on amounts being moved and modes of transportation). Update the databases quarterly.	2. Accuracy and completeness of quarterly published (agreed upon by all agencies involved) data on the movement of cocaine and heroin, both worldwide and U.S.-bound, and on U.S.-bound methamphetamine. Reporting Agency: CNC Supporting Federal Agencies: DEA, DoD, EPIC, JIATFs, USCG, USCS
3. **Vehicle tagging**—By 2000, develop and deploy tagging and tracking systems that allow the real-time monitoring of ships, containers, land vehicles, and aircraft throughout the Western Hemisphere and in selective operations worldwide.	3. Comprehensive technical and operational validation testing results that demonstrate required effectiveness (80-percent confidence level). Reporting Agency: DoD Supporting Federal Agencies: CIA, DEA, DOS, USBP, USCG, USCS

Goal 4, Objective 4 (continued)

4. **Over-the-horizon (OTH) tracking**—By 2007, develop and deploy detection and monitoring technology that will allow OTH tracking of both aircraft and ships during more than 90 percent of each day, with sufficient accuracy to detect, monitor, and vector assets to support end-game interdiction of drug smuggling targets throughout the transit/source zone nations.	4. Performance of the OTH radar: percentage of hours providing high resolution coverage per day (averaged for the year) and percentage of all detected air and maritime targets tracked to an end-game location. Reporting Agency: DoD Supporting Federal Agencies: USCG, USCS
5. **High-risk technologies**—By 2007, demonstrate high-risk technologies, including (a) long standoff fingerprint identification of specific aircraft and ships; (b) long standoff identification of large quantities of cocaine inside aircraft; (c) cooperative and noncooperative facial and voice recognition of perpetrators at POEs and remote locations; (d) identification of tunnels under the Southwest Border using rapid area survey; (e) noninvasive identification of body-carried and swallowed drugs; and (f) preventing aircraft on the ground, small maritime craft, and land vehicles, from moving (without using lethal force and from a standoff).	5. Successful demonstration of technologies for (a) long standoff fingerprint identification of specific aircraft and ships; (b) long stand-off identification of large quantities of cocaine inside an aircraft; (c) cooperative and noncooperative facial and voice recognition of perpetrators at POEs and remote locations; (d) identification of tunnels under the Southwest Border, using rapid area survey; (e) noninvasive identification of body-carried and swallowed drugs; and (f) preventing aircraft on the ground, small maritime craft, and land vehicles from moving (without using lethal force and from a standoff). Reporting Agency: DoD Supporting Federal Agencies: DEA, USBP, USCG, USCS

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY.

GOAL 5, END STATE 2007: AN INTERNATIONAL COMMUNITY IN WHICH MINIMAL AMOUNTS OF ILLEGAL DRUGS ARE PRODUCED AS EACH COUNTRY GAINS CONTROL OVER THE CULTIVATION AND PRODUCTION OF ILLEGAL DRUGS.

Goal Impact Targets

a. **Source zone outflow—**By 2002, reduce the rate of outflow of illicit drugs from the source zone by 15 percent as compared to the 1996 base year. By 2007, reduce outflow rate by a total of 30 percent measured against the base year.

b. **Domestic production—**By 2002, reduce the production of methamphetamine and the cultivation of marijuana in the United States by at least 20 percent as compared to the 1996 base year and by 2007, reduce by 50 percent the production of methamphetamine and the cultivation of marijuana as compared to the base year.

Goal Impact Measures

a. The outflow rate of illicit drugs that leave the source zone.

Reporting Agency: ONDCP
Supporting Federal Agencies: CIA, DEA, DoD, DOS, NSA, USAID, USCS

b. The quantity of methamphetamine and cultivated marijuana in the United States.

Reporting Agency: DEA
Supporting Federal Agencies: CIA, DoD, DOS, NSA, USAID

Assumptions for Goal 5

- Production and distribution of illicit drugs in the source zone can be controlled and reduced by appropriate crop control, economic development, legal and institutional reforms, international cooperation, and demand reduction activities.
- Political, economic, and social instability in the countries of the source and transit zones will not prevent host governments from pursuing effective drug control efforts.
- The UN, the United States, and allied nations will continue to encourage and assist member countries to ratify the UN Convention.
- The UN will not repeal or adversely modify the Vienna Convention.

GOAL 5: BREAK FOREIGN AND DOMESTIC DRUG SOURCES OF SUPPLY.

OBJECTIVE 1: Produce a net reduction in the worldwide cultivation of coca, opium, and marijuana and in the production of other illegal drugs, especially methamphetamine.

TARGETS

1. **Illicit coca**—By 2002, reduce the worldwide net cultivation of coca destined for illicit cocaine production by at least 20 percent compared to the 1996 base year. By 2007, reduce net cultivation by at least 40 percent compared to the base year.
2. **Opium poppy**—By 2002, reduce the net worldwide cultivation of opium poppy by at least 10 percent and by 2007, by at least 20 percent as compared to the 1996 base year. By 2002, reduce the cultivation of opium poppy in the Western Hemisphere by at least 20 percent and by 2007 by at least 40 percent, as compared to the 1996 base year.
3. **Marijuana**—By 2002, reduce the net cultivation of marijuana in Western Hemisphere countries by at least 10 percent as compared to the 1996 base year. By 2007, reduce net cultivation by at least 25 percent as compared to the 1996 base year. Continue to eradicate 100 percent of detected U.S. cultivation.

GOAL 5, END STATE 2007: An international community in which minimal amounts of illegal drugs are produced as each country gains control over the cultivation and production of illegal drugs.

Objective Outcome, 2002: The worldwide cultivation and production of illicit drugs is drastically reduced.

MEASURES

1. Coca cultivation as expressed in hectares under cultivation and metric ton equivalent of potential production capacity, assessed annually, on a net worldwide basis.

   Reporting Agency: CIA
   Supporting Federal Agencies: DEA, DoD, DOS, FBI, USAID

2. Opium poppy cultivation as expressed in hectares under cultivation and metric ton equivalent of production capacity, assessed annually, worldwide and for the Western Hemisphere.

   Reporting Agency: CIA
   Supporting Federal Agencies: DEA, DoD, DOS, FBI

3. Marijuana cultivated:

   a. outside the United States as measured in metric tons from net cultivation; and
   b. within the United States as measured in metric tons from net cultivation. (Note: cultivation estimates to be developed.)

   Reporting Agencies: DEA, DoAG
   Supporting Federal Agencies: CIA, DoD, FBI

Goal 5, Objective 1 (continued)

4. **Methamphetamine**—By 2002, reduce the production of methamphetamine in the United States by at least 20 percent as compared to the 1996 base year. By 2007, reduce availability by at least 50 percent from the base year.	4. Methamphetamine availability within the United States. Reporting Agency: DEA Supporting Federal Agencies: CIA, DoD, DOS, FBI, USCS

Goal 5 (continued)

OBJECTIVE 2: Disrupt and dismantle major international drug trafficking organizations and arrest, prosecute, and incarcerate their leaders.

TARGETS

1. **Arrest and prosecute drug traffickers**—By 2002, using a prioritized list of community designated targets, increase by five points the percentage of drug traffickers arrested, prosecuted, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 15 points above the base year.

2. **Disrupt trafficking organizations**—By 2002, using a prioritized list of community designated targets, increase by five points the percentage of drug trafficking organizations disrupted, dismantled, or otherwise rendered ineffective as measured against the percentage recorded in the 1997 base year. By 2007, increase the target percentage by at least 10 points above the base year value.

Objective Outcome, 2002: Power and effectiveness of major international drug trafficking organizations and their leaders are significantly reduced.

MEASURES

1. The percentage of targeted individuals on the international counterdrug community's designated target list who are arrested, prosecuted, or otherwise rendered ineffective, measured annually.

   Reporting Agency: DEA
   Supporting Federal Agencies: CIA, DoD, DOS, FBI, USCS

2. The percentage of targeted organizations on the international counterdrug community's designated target list that are disrupted, dismantled, or otherwise rendered ineffective, measured annually.

   Reporting Agency: DEA
   Supporting Federal Agencies: CIA, DoD, DOS, FBI, USCS

Goal 5 (continued)

OBJECTIVE 3: ***Support and complement source country drug control efforts and strengthen source country political will and drug control capabilities.***

TARGETS

1. **Host-country capability**—By 2002, demonstrate improved capabilities of source countries to develop and implement professional drug law enforcement interdiction activities (including military support to law enforcement agencies) compared to the 1996 base year.

Objective Outcome, 2002: ***New bilateral and regional agreements with major drug transit countries further reduce drug flow to the United States.***

MEASURES

1. Host-nation effectiveness of drug control activities as indicated by an assessment of:

   a. number of drug labs destroyed and kilograms of drugs seized/destroyed;
   b. dollar value of priority drug trafficker assets seized and forfeited;
   c. number of drug traffickers arrested, prosecuted, and appropriately incarcerated; and
   d. corruption-induced lost opportunities or noncooperation.

   Reporting Agency: DOS
   Supporting Federal Agencies: CIA, DEA, DoD, FBI, USCS

Goal 5, Objective 3 (continued)

2. **Host-country justice**—By 2007, demonstrate improved source country development and utilization of effective judicial institutions compared to the 1996 base year.

2. The effectiveness of host-nation investigation and prosecution of drug cases as indicated by an assessment of:
   a. an effective cooperative/supportive relationship with national drug enforcement entities;
   b. the ability to investigate and prosecute upper echelons of major drug trafficking organizations;
   c. the ability to conduct asset forfeiture investigations and prosecution in support of drug law enforcement;
   d. the ability to consistently achieve meaningful convictions and sentences (actually served) commensurate with the crime(s) committed;
   e. the establishment and application of effective, internal anticorruption safeguards; and
   f. the capability to use sophisticated investigative tools in undercover operations, surveillance, controlled deliveries, and wire taps.

Reporting Agency: DOS
Supporting Federal Agencies: CIA, FBI, USCS

Goal 5 (continued)

OBJECTIVE 4: Develop and support bilateral, regional, and multilateral initiatives, and mobilize international organizational efforts against all aspects of illegal drug production, trafficking, and abuse.

Objective Outcome, 2002: An international community where all governments are fully participating in international efforts to control the production, movement, and use of illegal drugs.

TARGETS	MEASURES
1. **Regional cooperative agreements**—By 2002, implement in designated geographic regions counternarcotics agreements between nations that provide for improved bilateral and multilateral cooperation in combating illicit drug trafficking, including information sharing; joint and combined interdiction operations; pursuit, entry, and high-seas boarding authority; and standardized laws relevant to narcotics trafficking and related offenses.	1. Number of bilateral or multilateral agreements or efforts (in key regions) that establish or facilitate multilateral cooperative activities against illicit drug trafficking. Reporting Agency: DOS Supporting Federal Agencies: CIA, DEA, DoD, USCS, USIC
2. **Source- and transit-country drug control strategy**—By 2002, each major source and transit country will have adopted and will be implementing a national drug control strategy or master plan to control illicit drug trafficking. These strategies and plans will fulfill the key elements of the 1988 UN Drug Convention and other UN conventions.	2. Number of major drug source and transit countries that have adopted a national drug control strategy or master plan assessed as adequate by UN Drug Control Program. Reporting Agency: DOS Supporting Federal Agencies: DEA, FBI, NSA, USAID, USCS, USIC
3. **Donor-funded assistance**—By 2002, using 1996 as a base year, increase by 500 percent donor funding for assistance activities consistent with narcotics control goals provided by the European Union, the Government of Japan, major multinational development banks, and other bilateral or multilateral donors.	3. Aggregate amount, as compared with 1996, of annual funding by donors other than the United States for assistance activities consistent with narcotics control goals. Reporting Agency: DOS Supporting Federal Agencies: USAID, Treas.

Goal 5, (continued)

*OBJECTIVE 5: **Promote international policies and laws that deter money laundering and facilitate anti-money-laundering investigations as well as seizure and forfeiture of associated assets.***

*Objective Outcome, 2002: **An international community where designated priority countries embrace, adopt, or implement international policies and laws that greatly increase the risk and reduce the profitability of drug trafficking.***

TARGETS

1. **Ratify 1988 Vienna Convention**—By 2002, increase the percentage of designated priority countries that have ratified the 1988 United Nations Convention Against Illicit Substances and Psychotropic Drugs (UN Convention [Vienna]).
2. **Conform to FATF recommendations**—By 2002, increase the percentage of priority countries that have adopted laws and regulations consistent with the 40 Recommendations of the Financial Action Task Force (FATF).

MEASURES

1. The percentage of priority countries that have ratified the UN Convention.

   Reporting Agency: DOS
   Supporting Federal Agencies: FBI, FinCen, Treas., USCS

2. The percentage of priority countries that have adopted laws and regulations consistent with FATF 40 Recommendations. Such laws and regulations should include the criminalization of money laundering from serious crime and the creation of domestic and international asset forfeiture regimes that include reciprocal asset sharing, mandatory suspicious transaction reporting, and the ability to provide and receive mutual legal assistance.

   Reporting Agency: DOS
   Supporting Federal Agencies: FBI, FinCen, Treas., USCS

Goal 5 (continued)

OBJECTIVE 6: Support and highlight research and technology, including the development of scientific data to reduce the worldwide supply of illegal drugs.

TARGETS

1. **Airborne sensors**—By 2000, develop a wide-area airborne multisensor system to detect cocaine manufacturing facilities hidden beneath jungle foliage with a coverage rate up to 1000 square kilometers per hour and an 80-percent confidence level.

2. **Currency detection**—By 2002, develop and operationally deploy a methodology to nonintrusively detect illegal amounts of U.S. currency secreted on persons, in checked baggage, and/or in cargo with a minimum 80-percent accuracy.

3. **Advanced technology**—By 2003, demonstrate advanced technology to (a) identify methamphetamine labs by using portable sensors that can be deployed from ground or airborne platforms; (b) identify riverine and ground movement of drugs in remote environments; and (c) remotely identify, measure, and assess growth-zone fields of coca, poppy, and marijuana.

Objective Outcome, 2002: An international community where newly developed technologies to detect and eliminate the production of illegal drugs will be tested and deployed.

MEASURES

1. Coverage capability of new airframe radar to detect cocaine manufacturing facilities beneath jungle foliage at an 80-percent confidence level.

   Reporting Agency: DoD
   Supporting Federal Agencies: DEA, USCS

2. Nonintrusive methodology for detection of hidden U.S. currency.

   Reporting Agency: USCS
   Supporting Federal Agencies: CIA, DEA, FBI, INS, USBP

3. Capability to:

   a. identify methamphetamine labs by using portable sensors;
   b. identify riverine and ground movements of drugs in remote areas; and
   c. measure and assess growth-zone fields of coca, poppy, and marijuana.

   Reporting Agency: DoD
   Supporting Federal Agencies: DoAgri, DEA, FBI, INS, USBP, USCS

Appendix C: Development of the Performance Measurement System

The development of the National Drug Control Strategy (Strategy) performance targets and measures presented in Appendix B required the input of many people representing numerous governmental and nongovernmental agencies. This appendix describes the process ONDCP used, through the collaboration of interagency steering and working groups, to develop the performance measurement system. The participants who contributed to the development of the performance targets and measures proposed in this report are identified at the end of this appendix.

Development of the performance measurement system began when ONDCP initiated a collaborative effort to draft performance targets and measures for the 1996 Strategy's 5 Goals and 22 Objectives. Representatives from numerous agencies formed working groups to develop an acceptable measurement plan and performance targets. Many of the targets recommended by these early interagency working groups were conveyed in whole or in part to the 1997 performance measurement system.

Based on recommendations from stakeholders, the number and the scope of the Strategy's Objectives were increased in Fall 1996 to 32, due to the addition of numerous youth-oriented, drug prevention, and research or technology-oriented Objectives. These new Objectives established new requirements. Therefore, new interagency working groups convened in February 1997 to finish the work.

These new working groups consisted of staff, line managers, and others knowledgeable about drug control issues and programs. Group members were asked to identify targets that would signal success in the effort to reduce the Nation's drug problem in the context of a 5-year budget and 10-year Strategy. They were also asked to develop recommendations, without resource constraints, for end states and outcomes to reduce drug use, availability, and the consequences of drug use. The current end states and outcomes are based on the working groups' recommendations and the 1997 Strategy.

The key steps taken to identify performance targets and measures for the 1997 Strategy were as follows:

- February 1997: Interagency Steering Groups, consisting of senior managers from key drug control agencies, met for the first time. The steering groups established and provided oversight of 23 working groups to identify targets for the Strategy's Goals and Objectives.
- March–May 1997: Interagency Working Groups proposed performance targets for each Strategy

Goal and Objective. Each working group was guided by an ONDCP staff member to maintain a proper focus and avoid duplicative efforts. A total of 111 performance targets were nominated by the working groups—the outcome of 2 to 10 meetings per group. Assumptions and critical factors for each target were developed to highlight known or suspected areas of concern.

- May–June 1997: ONDCP reviewed candidate targets for compliance with GPRA principles, standardized format, and clarity and made minor corrections. Targets were redrafted when a results-oriented outcome was absent. Work output measures were replaced wherever possible with outcome or intermediate outcome measures. Afterward, the Interagency Steering Groups reconvened and reviewed the working groups' products. The steering groups ensured the targets were properly defined and aligned to the Objectives and Goals. Some target numbers were adjusted to reflect an aggressive, but realistic drug control program.

- June–July 1997: ONDCP developed a logic model showing prima facie interrelationships among Strategy Goals, Objectives, and performance targets. Using this logic model as a guide, ONDCP shifted some targets to Goals and Objectives where they were more appropriate. These new Goals and Objectives created the need for new targets, which were also constructed to fill the gaps.

- July–August 1997: ONDCP designed 5-year outcome statements for the Objectives and 10-year end states for the Goals. Key Impact Targets surfaced from the logic model, each pertaining directly to reducing drug supply, demand, or consequences.

- August–September 1997: ONDCP mailed copies of the draft report on performance measures of effectiveness to key individuals in the drug control community for their review and comment. Copies of the report were sent to the steering and working group members, State Governors, mayors of major U.S. cities, universities, academics, interest groups, and performance measurement experts for their comments. Copies were also sent directly to the Chiefs of Staff of supporting Federal drug control agencies for agency clearance. ONDCP also accomplished a final in-house review of nominated targets and measures.

- September–December 1997: ONDCP incorporated recommendations to the report on performance measures of effectiveness and issued two revised drafts to the principal Federal drug control agencies for comment. ONDCP worked with agencies to resolve concerns over the targets and measures.

- December 1997–February 1998: ONDCP incorporated final recommendations. PME amended to 94 Impact and performance targets.

Participating Organizations

Federal Agencies:

Central Intelligence Agency
Department of Agriculture
Department of Commerce
Department of Defense
    Department of the Air Force
    Department of the Army
    Department of the Navy
    National Guard Bureau
    National Security Agency
Department of Education
Department of Health and Human Services
    Centers for Disease Control and Prevention
    Center for Substance Abuse Prevention
    Center for Substance Abuse Treatment
    Food and Drug Administration
    Indian Health Service
    National Institute on Alcohol Abuse and Alcoholism
    National Institute on Drug Abuse
    National Institutes of Health
    Substance Abuse and Mental Health Services Administration
Department of Housing and Urban Development
Department of the Interior
Department of Justice
    Bureau of Justice Assistance
    Bureau of Justice Statistics
    Bureau of Prisons
    Drug Enforcement Administration
    Federal Bureau of Investigation
    Immigration and Naturalization Service
    National Drug Intelligence Center

  National Institute of Justice
  Office of Justice Programs
  Office of Juvenile Justice Programs
  U.S. Border Patrol
Department of Labor
Department of State
  International Narcotics and Law Enforcement Affairs
  U.S. Agency for International Development
Department of Transportation
  Aviation and International Affairs
  Office of the Secretary, Drug and Alcohol Policy and Compliance
  U.S. Coast Guard
Department of the Treasury
  Bureau of Alcohol, Tobacco and Firearms
  Internal Revenue Service
  Financial Crimes Enforcement Network
  U.S. Customs Service
Department of Veterans Affairs
Executive Office of the President
  National Performance Review
  Office of National Drug Control Policy
  Office of Management and Budget
U.S. Interdiction Coordinator

State and Local Agencies:

California Narcotics Officers' Association
Center on Addiction and Substance Abuse—Columbia University
Community Anti-Drug Coalitions of America
National Association of Attorneys General
National Association of Prevention Professionals and Advocates
National Association of State Alcohol and Drug Abuse Directors (NASADAD)
National Center for State Courts, Office of Government Relations
National Criminal Justice Association (NCJA)
National Governors' Association

Other Agencies, Advisors, and Contractors:

Abt Associates
Agency for Health Care Policy Research
Booz-Allen & Hamilton, Associates
Center on Addiction and Substance Abuse
CSR, Incorporated
Drug Abuse Resistance Education (DARE)
Employee Assistance Programs
Health Care Finance Advisors
Health Research Science Advisors
International Association of the Chiefs of Police
Institute for a Drug Free Workplace
Join-Together
Legal Action Center
National Families in Action
National Drugs Don't Work Program
National Drug Prevention League
National Drug Research Institute
National Prevention League
National Institute of Corrections
Northrop–Grumman
Partnership for a Drug Free America
Science Applications International Corporation (SAIC)
Therapeutic Community of America
University of Delaware/Miami

Appendix D: Crosswalk Between Targets and Databases

Figure D-1 indicates data sources for each Strategy target. The numbers in each column refer to the list of data sources, also included. While some targets rely on existing data sources, others require the modification of existing data systems, such as the addition of questions to a regularly administered survey, or the synthesis of multiple data sets. The most challenging are targets that require the development of new data collection systems, especially if these involve data collection at the State and local levels. Some targets representing milestones, such as a one-time-only report or event occurrence/nonoccurrence, do not require a data set in the standard sense.

Almost two-thirds of the targets will be measurable within 2 years. Fifty-one percent of the targets are currently measurable using data available from primary sources or by monitoring whether or not the target event has occurred. Another 11 percent of the targets require the manipulation or synthesis of data sources to make them usable for monitoring targets. This should take 2 years to accomplish. About one-third (38 percent) of the targets necessitate in-depth efforts to develop new data sets. Even in such situations, secondary data sets can sometimes be used until the new databases are developed.

The following summarizes the attached data table:

- At present, 51 percent (48) of the 94 targets are measurable from primary sources or represent milestones that do not require a data set. Figure D-1 displays them in the column labeled Primary Federal Data Source (PRI FED) with the appropriate number designation for the data source or Milestone (MLE) or Study (SDY).

- An additional 11 percent (10) of the targets require minor changes to primary or secondary data sources or the synthesis of existing ones. These are identified by the letters "SYN" and may require 2 years to modify for use in tracking the targets.

- Only 38 percent (36) of the targets require the development of new databases. Some of these are probably being collected by various State and local agencies but not in a form consistent enough to enable national-level aggregation. These are indicated in Figure D-1 as "To Be Determined" (TBD). Some of these can be augmented by secondary data sources. Five of these targets involve studies to determine the appropriate methodology for monitoring them. These may take from 1 to 3 years to develop.

A soon-to-be-released report from ONDCP's Drug Control Research, Data, and Evaluation Committee provides broad recommendations regarding national drug control policy data priorities. The Committee's recommendations are based on the conduct of a Federal drug control needs assessment of the strengths and weaknesses of the leading indicators used to describe the Nation's drug problem and to identify data needs of public health policy. An important achievement of this effort was the creation of an "Inventory of Federal

Drug-Related Data Sources," which is a compilation of all known Federal drug-related information systems and their report generation capabilities. The Inventory is the foundation from which further development and enhancement of data sources will be used in support of the *Performance Measures of Effectiveness*.

The selection of Strategy performance targets was not limited to currently available data. This was intended to avoid skewing the targets to reflect existing data sources. Fortunately, most of the critical performance targets are covered by existing data sets. Of the 12 Impact Targets, 10 are either supported by currently available data sets (6) or require some data synthesis (4). Even the latter may be measured at present by using interim data sources. Only two require the completion of a periodic study to identify measurement requirements, and only one of those will likely take more than 2 years to implement.

An expanded key to Figure D-1 is provided below. Listings on the figure will be updated as issues regarding synthesis or further development are resolved. This key includes the code number, the data source abbreviation, and the official name of the data set. Figure D-1 includes only the code and the data source abbreviations.

DATA SOURCES

1	ADSS	Alcohol and Drug Services Survey
2	AODA	Report on Testing for Alcohol and Other Drugs of Abuse
3	CAPS	Computerized Asset Program System
4	CCDB	Consolidated Counterdrug Database
5	CDC	Centers for Disease Control Reporting Systems
6	COJ	Census of Jails
7	CSFACF	Census of State and Federal Adult Correctional Facilities
8	DASIS	Drug and Alcohol Services Information System
9	DFWS	Drug Free Workplace Statistics
10	DUF/ADAM	National Institute of Justice Drug Use Forecasting/Arrestee Drug Abuse Monitoring Program
11	ECADA	Economic Cost of Alcohol and Drug Abuse in United States 1992-1995
12	FDSS	Federal-Wide Drug Seizure System
13	HIDTA	High Intensity Drug Trafficking Area Reports
14	IACM	Interagency Assessment of Cocaine Movement*
15	ICE	Illicit Crop Estimate
16	ICPAWG	Interagency Counterdrug Performance Assessment Working Group*
17	JT/CADCA	Join Together/Community Anti-Drug Coalitions of America
18	MTF	Monitoring the Future Study
19	NCVS	National Crime Victimization Survey
20	NHES	National Household Education Survey
21	NHSDA	National Household Survey on Drug Abuse
22	NSAA/SA II	CASA's National Survey on American Attitudes on SA II
23	PFDFA	Partnership for a Drug Free America
24	PRIDE	Parents Resource Institute for Drug Education
25	SISCF	Survey of Inmates in State Correctional Facilities
26	STATE INCSR	State Department International Narcotics Control Survey Report
27	STRIDE	System to Retrieve Information from Drug Evidence
28	UCR	Uniform Crime Reports/Age, Sex, Race of Persons Arrested
29	UFDS	Uniform Facility Data Set
30	YRBS	Youth Risk Behavior Survey

*ONDCP will lead interagency efforts to develop official estimates of drug availability for each targeted drug.

Figure D-1 **Target-Data Sources**

GOAL 1	PRI FED	SEC FED	OTHER DATA	GOAL 2	PRI FED	SEC FED	OTHER DATA	GOAL 3	PRI FED	SEC FED	OTHER DATA	GOAL 4	PRI FED	SEC FED	OTHER DATA	GOAL 5	PRI FED	SEC FED	OTHER DATA
Impt #1a	21	18	23,24	Impt #2a	29	10	25,19	Impt #3a	SDY	1,21	10,11	Impt #4	SYN *	4,14,16	12,27	Impt #5a	4*	15	
Impt #1b	21	30		Impt #2b	SYN *	12	27	Impt #3b	21		10	01T1	SYN	4,14,16	12,27	Impt #5b	SDY *		
01T1	TBD		22	Impt #2c	SYN *	12,15	14	Impt #3c	21	21		02T1	MLE			01T1	15	14,26	
01T2	TBD		23,24	01T1	28	10	25,19	Impt #3d	SDY			02T2	MLE			01T2	15	26	
01T3	21			01T2	TBD			01T1	8,21		28,29	02T3	TBD			01T3	SDY	15,26	
02T1	18	21		01T3	TBD			01T2	TBD			03T1	MLE			01T4	SDY		
02T2	18	21	20	02T1	13			01T3	1			03T2	MLE			02T1	TBD		
02T3	TBD			02T2	13			01T4	MLE			03T3	TBD			02T2	TBD		
03T1	TBD	20		02T3	28			01T5	MLE			04T1	MLE			03T1	TBD	26	
03T2	TBD		17	03T1	3			02T1	5			04T2	SYN	16	12,14	03T2	TBD	26	
04T1	MLE			03T2	MLE			02T2	5			04T3	MLE			04T1	TBD		
04T2	TBD			03T3	TBD			02T3	5			04T4	TBD			04T2	TBD		
05T1	MLE			04T1	7	6		03T1	SYN	9,21	2	04T5	TBD			04T3	TBD		
05T2	TBD			04T2	SYN	6,7		04T1	MLE							05T1	26		
06T1	MLE		8,17	04T3	SYN	1,7		04T2	TBD							05T2	TBD	26	
06T2	TBD		17	04T4	TBD			05T1	MLE							06T1	MLE		
07T1	TBD			05T1	SYN	6,7		06T1	MLE							06T2	MLE		
08T1	MLE			05T2	MLE			06T2	TBD							06T3	TBD		
08T2	MLE			05T3	TBD			06T3	MLE										
09T1	MLE			06T1	MLE														
09T2	TBD																		
010T1	MLE																		
010T2	MLE																		
010T3	MLE																		

KEY	KEY	KEY	KEY	KEY
1 ADSS	8 DASIS	15 ICE	22 NSAA/SA II	29 UFDS
2 AODA	9 DFWS	16 ICPAWG	23 PFDFA	30 YRBS
3 CAPS	10 DUF/ADAM	17 JT/CADCA	24 PRIDE	
4 CCDB	11 ECADA	18 MTF	25 SISCF	
5 CDC	12 FDSS	19 NCVS	26 STATE INCSR	
6 COJ	13 HIDTA	20 NHES	27 STRIDE	
7 CSFACF	14 IACM	21 NHSDA	28 UCR	

SYN=SYNTHESIZED DATA TBD=TO BE DETERMINED MLE=MILESTONE SDY=PERIODIC STUDY

*ONDCP will lead interagency efforts in 1998 to develop official government estimates of drug availability.

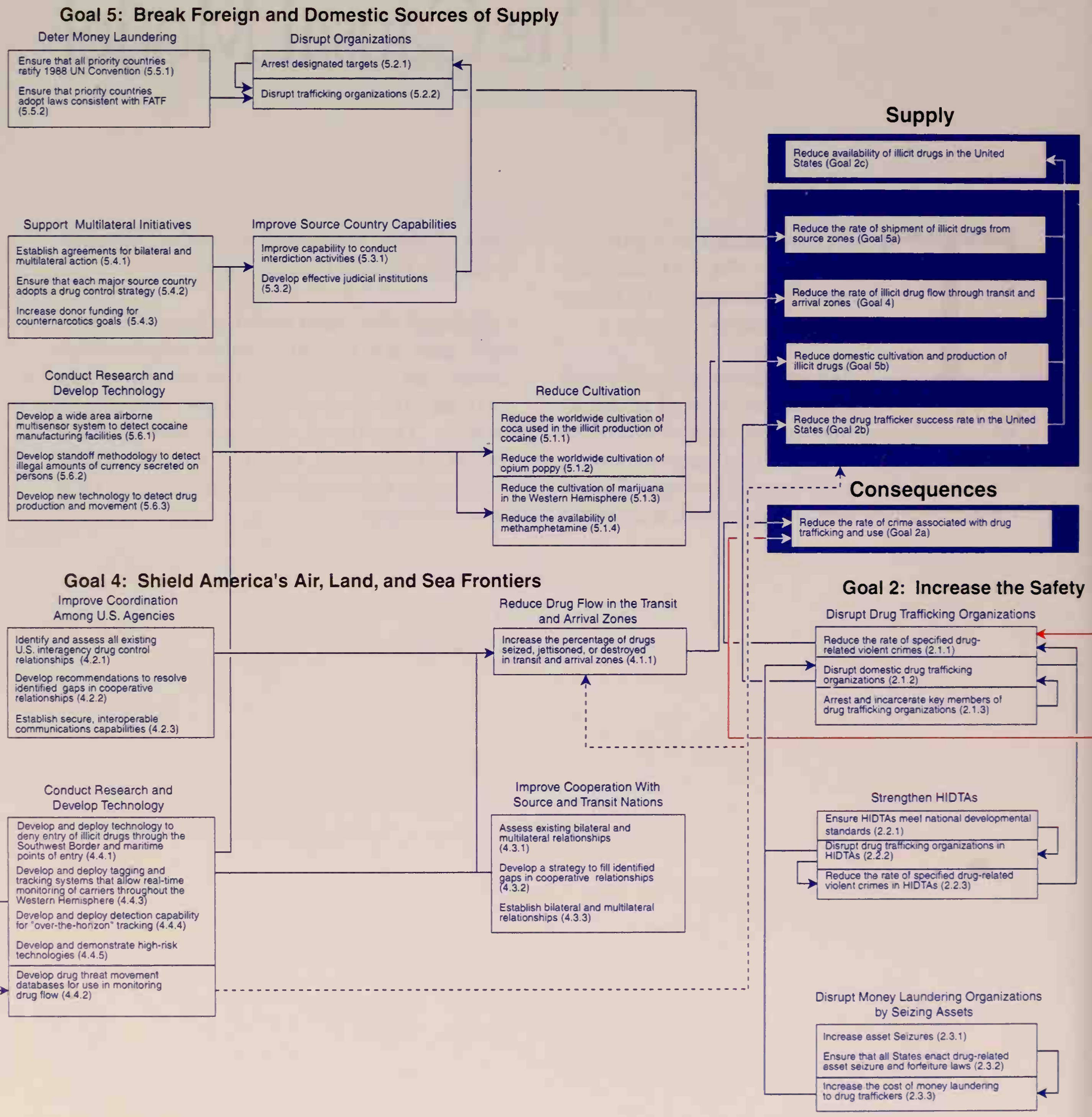
Appendix E: The Causal Model

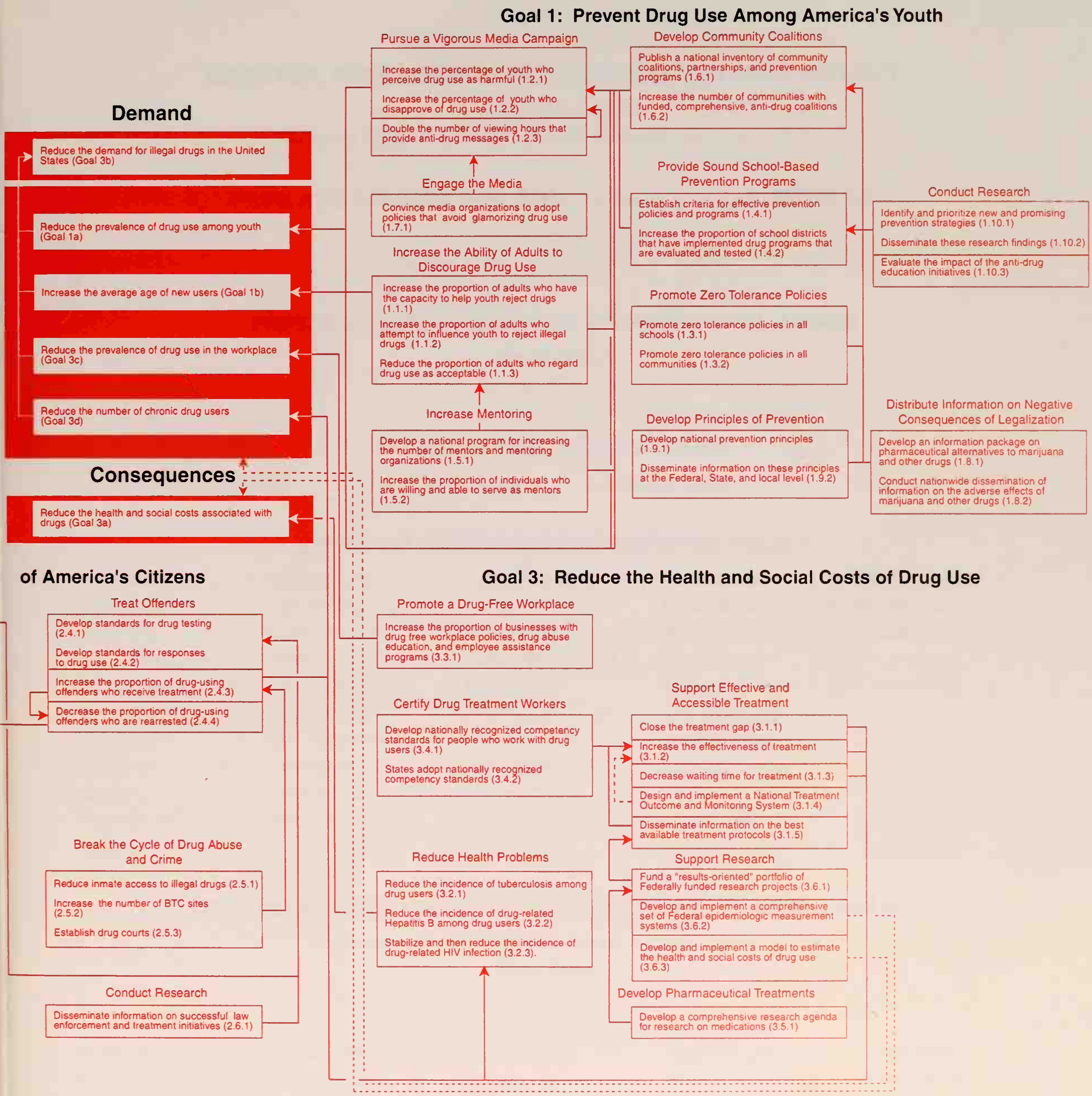
The causal model in Figure E-1 illustrates the relationships among the Strategy Goals, Objectives, and targets.

Subject matter experts for each Objective were asked to articulate the relationships linking their Objective to other areas of the Strategy. This exercise yielded a series of 32 Objective-focused linkages. The 32 Objective arrays were combined with those of the Impact Targets, which were then refined iteratively to yield the Figure E-1 causal model.

Although this causal model, a first approximation, does not list all possible relationships among the targets, the diagram shows the relationships deemed most important by the experts. The figure also provides a quick review of a specific target's causal linkages, illuminating the complexity of the National Drug Control Strategy.

Figure E-1
The National Drug Control Strategy
Relationships Among Targets


Goal 5: Break Foreign and Domestic Sources of Supply
Deter Money Laundering
Ensure that all priority countries ratify 1988 UN Convention (5.5.1)
Ensure that priority countries adopt laws consistent with FATF (5.5.2)
Disrupt Organizations
Arrest designated targets (5.2.1)
Disrupt trafficking organizations (5.2.2)
Support Multilateral Initiatives
Establish agreements for bilateral and multilateral action (5.4.1)
Ensure that each major source country adopts a drug control strategy (5.4.2)
Increase donor funding for counternarcotics goals (5.4.3)
Improve Source Country Capabilities
Improve capability to conduct interdiction activities (5.3.1)
Develop effective judicial institutions (5.3.2)
Conduct Research and Develop Technology
Develop a wide area airborne multisensor system to detect cocaine manufacturing facilities (5.6.1)
Develop standoff methodology to detect illegal amounts of currency secreted on persons (5.6.2)
Develop new technology to detect drug production and movement (5.6.3)
Reduce Cultivation
Reduce the worldwide cultivation of coca used in the illicit production of cocaine (5.1.1)
Reduce the worldwide cultivation of opium poppy (5.1.2)
Reduce the cultivation of marijuana in the Western Hemisphere (5.1.3)
Reduce the availability of methamphetamine (5.1.4)
Supply
Reduce availability of illicit drugs in the United States (Goal 2c)
Reduce the rate of shipment of illicit drugs from source zones (Goal 5a)
Reduce the rate of illicit drug flow through transit and arrival zones (Goal 4)
Reduce domestic cultivation and production of illicit drugs (Goal 5b)
Reduce the drug trafficker success rate in the United States (Goal 2b)
Consequences
Reduce the rate of crime associated with drug trafficking and use (Goal 2a)
Goal 4: Shield America's Air, Land, and Sea Frontiers
Improve Coordination Among U.S. Agencies
Identify and assess all existing U.S. interagency drug control relationships (4.2.1)
Develop recommendations to resolve identified gaps in cooperative relationships (4.2.2)
Establish secure, interoperable communications capabilities (4.2.3)
Reduce Drug Flow in the Transit and Arrival Zones
Increase the percentage of drugs seized, jettisoned, or destroyed in transit and arrival zones (4.1.1)
Goal 2: Increase the Safety
Disrupt Drug Trafficking Organizations
Reduce the rate of specified drug-related violent crimes (2.1.1)
Disrupt domestic drug trafficking organizations (2.1.2)
Arrest and incarcerate key members of drug trafficking organizations (2.1.3)
Conduct Research and Develop Technology
Develop and deploy technology to deny entry of illicit drugs through the Southwest Border and maritime points of entry (4.4.1)
Develop and deploy tagging and tracking systems that allow real-time monitoring of carriers throughout the Western Hemisphere (4.4.3)
Develop and deploy detection capability for "over-the-horizon" tracking (4.4.4)
Develop and demonstrate high-risk technologies (4.4.5)
Develop drug threat movement databases for use in monitoring drug flow (4.4.2)
Improve Cooperation With Source and Transit Nations
Assess existing bilateral and multilateral relationships (4.3.1)
Develop a strategy to fill identified gaps in cooperative relationships (4.3.2)
Establish bilateral and multilateral relationships (4.3.3)
Strengthen HIDTAs
Ensure HIDTAs meet national developmental standards (2.2.1)
Disrupt drug trafficking organizations in HIDTAs (2.2.2)
Reduce the rate of specified drug-related violent crimes in HIDTAs (2.2.3)
Disrupt Money Laundering Organizations by Seizing Assets
Increase asset Seizures (2.3.1)
Ensure that all States enact drug-related asset seizure and forfeiture laws (2.3.2)
Increase the cost of money laundering to drug traffickers (2.3.3)



Goal 1: Prevent Drug Use Among America's Youth

Pursue a Vigorous Media Campaign

Increase the percentage of youth who perceive drug use as harmful (1.2.1)

Increase the percentage of youth who disapprove of drug use (1.2.2)

Double the number of viewing hours that provide anti-drug messages (1.2.3)

Engage the Media

Convince media organizations to adopt policies that avoid glamorizing drug use (1.7.1)

Increase the Ability of Adults to Discourage Drug Use

Increase the proportion of adults who have the capacity to help youth reject drugs (1.1.1)

Increase the proportion of adults who attempt to influence youth to reject illegal drugs (1.1.2)

Reduce the proportion of adults who regard drug use as acceptable (1.1.3)

Increase Mentoring

Develop a national program for increasing the number of mentors and mentoring organizations (1.5.1)

Increase the proportion of individuals who are willing and able to serve as mentors (1.5.2)

Develop Community Coalitions

Publish a national inventory of community coalitions, partnerships, and prevention programs (1.6.1)

Increase the number of communities with funded, comprehensive, anti-drug coalitions (1.6.2)

Provide Sound School-Based Prevention Programs

Establish criteria for effective prevention policies and programs (1.4.1)

Increase the proportion of school districts that have implemented drug programs that are evaluated and tested (1.4.2)

Promote Zero Tolerance Policies

Promote zero tolerance policies in all schools (1.3.1)

Promote zero tolerance policies in all communities (1.3.2)

Develop Principles of Prevention

Develop national prevention principles (1.9.1)

Disseminate information on these principles at the Federal, State, and local level (1.9.2)

Conduct Research

Identify and prioritize new and promising prevention strategies (1.10.1)

Disseminate these research findings (1.10.2)

Evaluate the impact of the anti-drug education initiatives (1.10.3)

Distribute Information on Negative Consequences of Legalization

Develop an information package on pharmaceutical alternatives to marijuana and other drugs (1.8.1)

Conduct nationwide dissemination of information on the adverse effects of marijuana and other drugs (1.8.2)

Demand

Reduce the demand for illegal drugs in the United States (Goal 3b)

Reduce the prevalence of drug use among youth (Goal 1a)

Increase the average age of new users (Goal 1b)

Reduce the prevalence of drug use in the workplace (Goal 3c)

Reduce the number of chronic drug users (Goal 3d)

Consequences

Reduce the health and social costs associated with drugs (Goal 3a)

of America's Citizens

Treat Offenders

Develop standards for drug testing (2.4.1)

Develop standards for responses to drug use (2.4.2)

Increase the proportion of drug-using offenders who receive treatment (2.4.3)

Decrease the proportion of drug-using offenders who are rearrested (2.4.4)

Break the Cycle of Drug Abuse and Crime

Reduce inmate access to illegal drugs (2.5.1)

Increase the number of BTC sites (2.5.2)

Establish drug courts (2.5.3)

Conduct Research

Disseminate information on successful law enforcement and treatment initiatives (2.6.1)

Goal 3: Reduce the Health and Social Costs of Drug Use

Promote a Drug-Free Workplace

Increase the proportion of businesses with drug free workplace policies, drug abuse education, and employee assistance programs (3.3.1)

Certify Drug Treatment Workers

Develop nationally recognized competency standards for people who work with drug users (3.4.1)

States adopt nationally recognized competency standards (3.4.2)

Reduce Health Problems

Reduce the incidence of tuberculosis among drug users (3.2.1)

Reduce the incidence of drug-related Hepatitis B among drug users (3.2.2)

Stabilize and then reduce the incidence of drug-related HIV infection (3.2.3).

Support Effective and Accessible Treatment

Close the treatment gap (3.1.1)

Increase the effectiveness of treatment (3.1.2)

Decrease waiting time for treatment (3.1.3)

Design and implement a National Treatment Outcome and Monitoring System (3.1.4)

Disseminate information on the best available treatment protocols (3.1.5)

Support Research

Fund a "results-oriented" portfolio of Federally funded research projects (3.6.1)

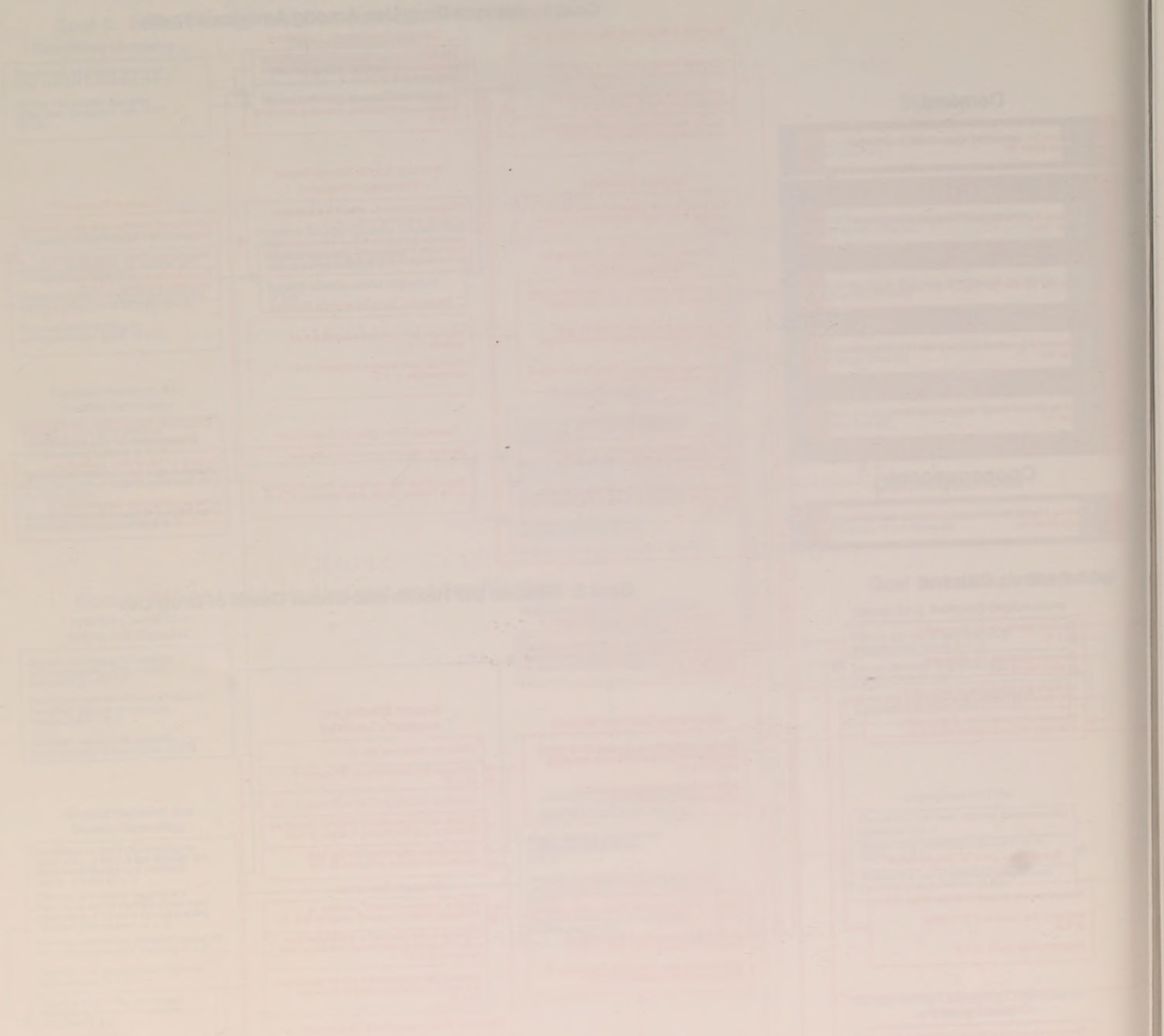
Develop and implement a comprehensive set of Federal epidemiologic measurement systems (3.6.2)

Develop and implement a model to estimate the health and social costs of drug use (3.6.3)

Develop Pharmaceutical Treatments

Develop a comprehensive research agenda for research on medications (3.5.1)

Figure E-1
The National Drug Control Strategy
Relationships Among Targets



Acknowledgments:

The Director, ONDCP acknowledges the contributions of the following:

DIRECTOR, PERFORMANCE MEASUREMENT SYSTEM PROJECT

John T. Carnevale
Director of Programs, Budget, Research, and Evaluation, ONDCP

PRINCIPAL ADVISOR FOR PERFORMANCE MEASUREMENT

Annie Millar
(Acting) Chief of Evaluation, ONDCP

PRINCIPAL CONSULTANT FOR STRATEGY EVALUATION

Abt Associates
Ronald Simeone

OFFICE OF EVALUATION-ONDCP

David T. Cheatham
Stuart W. Maberry
Richard Porter
Leonard A. Sistek

OFFICE OF NATIONAL DRUG CONTROL POLICY

Bob Agresti
Henry Baley
Amy Becks
Joseph Bendig
Carol Bergman
Chuck Blanchard
Gary Boyer
Gary Bruce
Lisa Bruce
Robert Brown
Fe Caces

Michael Cala
Patrick Carpenter
Scott Chronister
Mark Coomer
Tim Cooney
Janie Dargan
Don Daugherty
Dari Davis
Tilman Dean
Ross Deck

Joseph Donovan
Carlos Dublin
Mike Epstein
Adrian Erckenbrack
Mike Green
Dennis Greenhouse
John Gregrich
Sam Grizzle
Sumona Guha
Tracy Hamblet

Rose Johnson
Francis Kinney
Alan Levitt
Phuong Lu
Wayne Lynch
Kate Malliarakis
Hank Marsden
Ricia McMahon
Jon Rice
David Rivait

Debbie Roberts
Brij Sandill
Dan Schecter
Patricia Seitz
David Shull
June Sivilli
Jim Thirkill
Tom Umberg
Sarah Vogelsberg
Richard Yamamoto
Terry Zobeck

CONSULTANTS TO OFFICE OF NATIONAL DRUG CONTROL POLICY

University of Maryland—School of Public Affairs
Peter Reuter

CSR, Incorporated

Sherrie Aitken
Sue Capper

Laurie Cullen
Nancy Dudley

Elaine Garber
Deborah Gordis
Will Hoffman

Elizabeth Quinn
William Scarbrough

Linda Shafer
Robert Wald

Booz-Allen & Hamilton, Associates

Terrill Arnold
Eric Jeglum

OFFICE OF MANAGEMENT AND BUDGET

Jonathan Breul
Kevin Cichetti
Walter Groszyk, Jr.
John Koskinen

NATIONAL PERFORMANCE REVIEW

Beverly Godwin
Robert Stone

DEPARTMENT OF AGRICULTURE

Ted David

CENTRAL INTELLIGENCE AGENCY

Cynthia Anderson
Joe Antos
Bob Cooperman
John Ent
Thomas Forest
Thomas Keener
David Lodge
Vernon J. Myers
John Oravec

DEPARTMENT OF DEFENSE

Steve Deitz
Michael Hanley
John Pennella
Egan Stelzer
Lennard Wolfson

National Security Agency

Louis Cruz

DEPARTMENT OF EDUCATION

Gail Beaumont
Charlotte Gillespie
Kim Light
Bill Modzeleski
Deb Rudy
Ann Weinheimer
Joanne Wiggins

DEPARTMENT OF INTERIOR

Bob Brown
Jody Kusak

DEPARTMENT OF JUSTICE

Criminal Division

Richard Greenough
Peggy Grove
Lester Joseph
Jay Lerner
Patricia Petty
Jeff Ross
Susan Smith
Theresa Van Vliet

Office of Justice Programs

Stephen Amos
Marlene Beckman
Carla Friedsta
Fred Garcia
Marilyn Roberts

Bureau of Justice Assistance

Robert Brown
Luke Galant
Bob Kirchner
Andrew Mitchell
Tim Murray

Bureau of Justice Statistics

Allen Beck
Sue Lindgren
Brian Reaves
Benjamin Renshaw
Steve Smith
Doris Wilson

National Institute of Justice

Thomas Feucht
Kevin Jackson
Angela Moore-Parmely
Carolyn Peake

Office of Juvenile Justice & Drug Prevention

Shay Bilchik
Kim Budnic
Joan Harley
Gina Wood

Community Oriented Policing Service

Veh Bezdikian
David Hayeslip
Ben Tucker

Office of Policy Development

Pat Tarr

Drug Enforcement Administration

Richard Barrett
Jim Devaney
John Driscoll
Doug Everett
Albert Glass
Sandy Gonzales
Carol Harrison
Don Laderer
Jack Maier
Robert Penland
Ed Wisnesfski
Bill Woessner
Bill Wolf
James Wooley

Federal Bureau of Investigation

Weyson Dun
Elizabeth Graves
Joe Kielman
Kathy Leodler
Tim Murphy
Richard Powers
Chip Riley
Raul Roldan

Immigration & Naturalization Service

David Boyd
Sharla Rausch
Steve Schroffel

DEPARTMENT OF LABOR

Elena Carr
Judith Peterson

DEPARTMENT OF STATE

Joe Furloni
Todd Greentree
Sherman Hinson
Al Matano
Steve Peterson
Wayne Tate
Carla Williams

USAID

Tom Kellerman
Steve Peterson
Lohoma Romachi
Jane Stanley

DEPARTMENT OF TRANSPORTATION

Mary Bernstein
Ken Edgell
Donald Shatinksy
James Swart

Office of the Secretary, Drug and Alcohol Policy and Compliance

John Frost
Peter Ganzer
Jim Hull
Hank Leeper
George Russell

United States Coast Guard

Samuel Roudebush
Gary Steinfort

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Secretary, Office of Public Health and Science

Tom Vischi

Centers for Disease Control and Prevention

Jeff McKenna
John Miles

Center for Substance Abuse Prevention

Joseph Autry
Judi Funkhouser
Judy Galloway
Steve Gardner
Clarise Holden
Mary Jansen
Nancy Kennedy
Luisa del C. Pollard
Joan Quinlan
Ruth Sanschez-Way
Mel Segal
Steve Seitz
Tommie Johnson-Waters

Center for Substance Abuse Treatment

Nick Demos
Herman Diesenhaus
Al Getz
James Herrell
Candice Macken
Sue Rohrer

Food and Drug Administration

Nick Reuter
Lee Cummings

National Institute on Drug Abuse

Rebecca Ashery
Jack Blaine
Erwin Bloom
William Bukoski
James Colliver
Harry Haverkos
Jerry Soucy
Frank Vocci

National Institutes of Health

Peter J. Delaney
Bennett Fletcher
Andrea Kopstein

Substance Abuse & Mental Health Services Administration

Peggy Gilliam
Barbara Ray
Steve Wing

DEPARTMENT OF TREASURY

Court Golumbic
Fred Meyers

Internal Revenue Service

Rodney Clark
Jerry MacReady

U.S. Border Patrol

Alan Conroy
Dick Hunt

U.S. Customs Service

Robert Armstrong
Anne-Marie Bruen
Gregory Cline
Jeff Copp
Dan Danckwerth
Jim Engleman
Steve Hayward
John Hill
William Jiminez
Christopher Sheridan

DEPARTMENT OF VETERANS AFFAIRS

Thomas Horvath
Richard Suchinsky

NATIONAL ASSOCIATIONS AND PROGRAMS

National Criminal Justice Association

Cabell C. Cropper

National Center for State Courts

Thomas A. Henderson

National Governors' Association

Nolan E. Jones

National Association of Attorneys General
Traci J. Sanders

National Association of State Alcohol and Drug Abuse Directors, Inc.
John S. Gustafson   Kathleen Sheehan

Community Anti-Drug Coalitions of America
Sue Thau

National Association of Prevention Professionals and Advocates
Raymond Whitfield

STATE ASSOCIATIONS AND PROGRAMS

California Narcotics Officer's Association
Gary W. Schram

UNIVERSITY PROGRAMS

Center for Drugs and Alcohol Studies—University of Delaware
James Inciardi

Monitoring the Future Study-University of Michigan
Patrick O'Malley   Lloyd Johnston

Center on Addiction and Substance Abuse-Columbia University
Herb Kleber   Tina McVeigh

PRIVATE AGENCIES AND PROGRAMS

National Drug Prevention League
Kent Augustson

Center for Alcohol and Drug Research and Education
William R. Caltrider, Jr.

Institute for a Drug Free Workplace
Mark De Bernardo   Daryl G. Grecich

National Drugs Don't Work Program
John Fenton

Join Together
Janice Ford-Griffin

Science Applications International Corporation
Albert Giambalvo

GILLETTE MEDICAL EVALUATION LABORATORIES
Information Center

980083

Partnership for a Drug Free America
Thomas A. Hendrick

Employee Assistance Programs Northrop Grumman
James R. O'Hare

National Families in Action
Sue Rusche

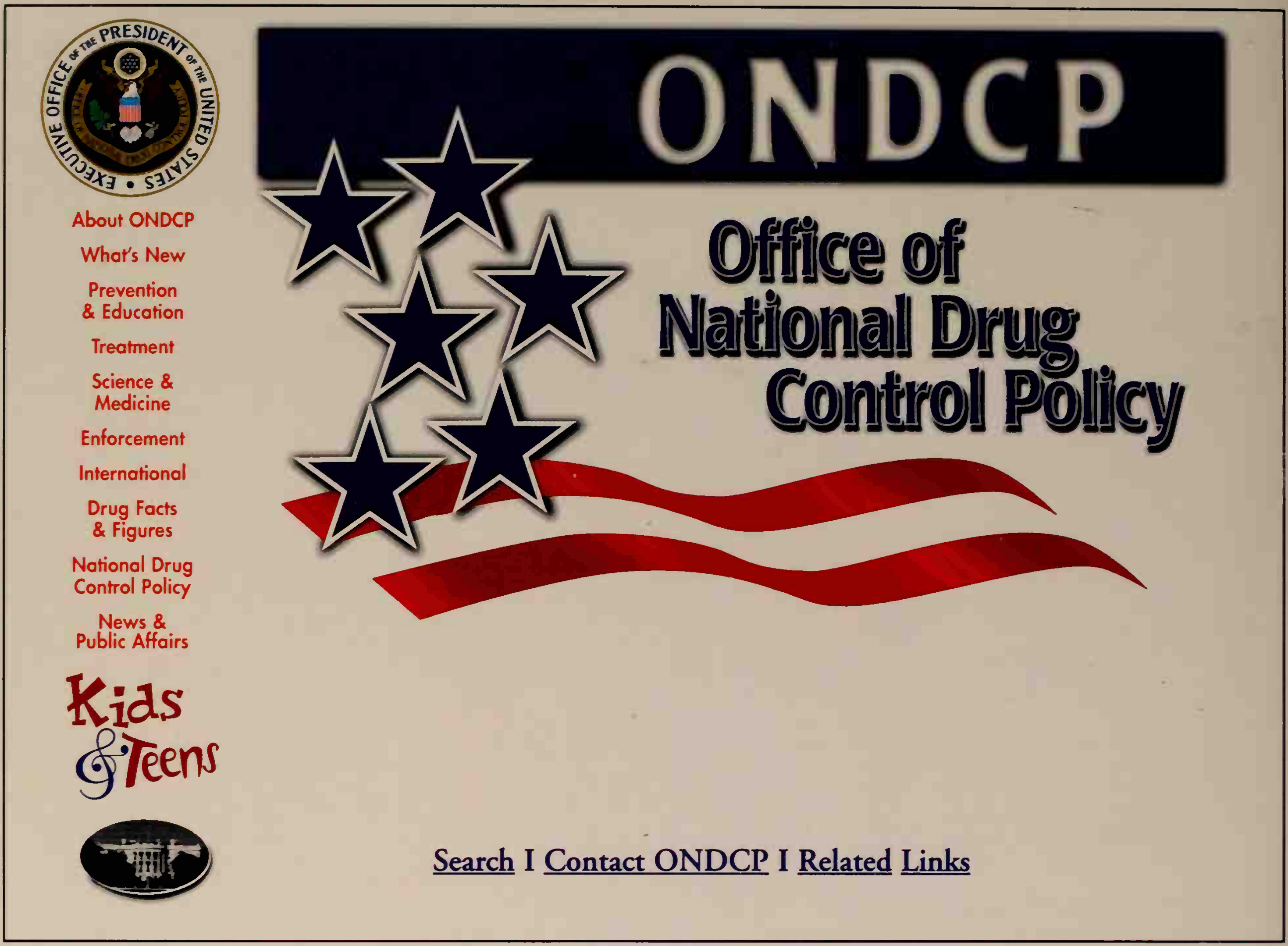
Legal Action Center
Ellen Weber

National Development and Research Institutes
Harry Wexler

Therapeutic Community of America, Inc.
Linda Wolf-Jones

HV
5810
.P4
Office of National Drug Control
Policy
Performance measures of effectiveness: a system for assessing the performance of the National Drug Control strategy

DATE ISSUED TO


EXECUTIVE OFFICE OF THE PRESIDENT OF THE UNITED STATES
ONDCP
Office of National Drug Control Policy
About ONDCP
What's New
Prevention & Education
Treatment
Science & Medicine
Enforcement
International
Drug Facts & Figures
National Drug Control Policy
News & Public Affairs
Kids & Teens
Search I Contact ONDCP I Related Links

http://www.whitehousedrugpolicy.gov

For instant access to drug information including:

- The President's drug policy
- Current data on drug use
- Promising drug prevention, treatment, and enforcement programs
- Emerging drug problems
- New research findings
- Tips for parents
- ONDCP initiatives, press releases, and testimony
- Links to other valuable resources

For policymakers, legislators, criminal justice and health practioners, researchers, educators, parents . . . and a special page for kids.

NCJ168953